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PUERPERAL OR CHILDBED FEVER.*

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POST-PARTUM FEVERS.

PUERPERAL FEVER, known as childbed fever; a fever occurring in connection with childbirth, a peculiar, essential, specific and infectious fever, classified, not without reason, as a zymotic disease, that may become malignant when associated with septic conditions. These septic processes may set up from wounds or lacerations, the consequences of difficult and lingering labors, terminating in delivery with or without instrumental assistance. The complications of this fever are inflammations of the genital mucous and serous membranes, most frequently the peritoneum; also, phlebitis, enteritis, and diffused gastro-intestinal catarrh, and at times pleuritis and pericarditis.

It is a continued fever of great intensity, having more or less of a typical character, the temperature fluctuating from 102½° to 105°. It is possible for it to set in during the last weeks of gestation, or during the first stage of labor. It is a fever of rare occurrence; it may be epidemic, endemic, or sporadic.

ÆTIOLOGY.

We regard the initial lesion of puerperal fever as something essential, a pyrexia, *sui generis*, not necessarily the consequence of local leisons, but a disease whose entity is in some degree like other infectious and zymotic diseases. We are well aware that perhaps a majority of the medical profession, although conceding its origin to be from an unknown agent, still regard it a positive and localized lesion, viz: as either an inflammation of the peritoneum, of the uterus, or of the lymphatics, and commonly associated with other affections.

Dr. Barker, of New York, holds to the first theory; Prof. Hervieux, of Paris, who is attending physician to the Maternity in Paris, is also of the same opinion; while Prof. Tarnier, of Paris, surgeon to the same institution, and an associate of Hervieux, is a fervent advocate of the second theory, regarding puerperal fever as a local disease, of septic origin, and as, *de facto*, septicæmia. We certainly believe, with the advocates of the first theory, that septicæmia may be developed in a puerperal woman, either from autogenetic or heterogenetic infection; but we contend that this infection may be, and often is, a complication of a *previously-existing* essential fever. This disease was well known to Hippocrates, and has been styled either inflammatory, epidemic, putrid, malignant, hysterical, and owing to the milk being suppressed others have called it only a symptom, but all have agreed as to its danger, and the uncertainty of its cure.

The fact that different observers have described it differently only goes to show the serious nature of the disease, and the diverse forms it may take. Some physicians in large practice tell us that they have never seen a case of true puerperal fever. It is especially to be remarked, that in the puerperal state there is often a peculiar lowering of vital resistance, and this renders the woman in a measure defenceless in warding off accidents and influences that tend to produce disease.

Puerperal fever has a peculiar relationship with scarlet fever, diphtheria, erysipelas and typhoid fever, and is regarded by the best observers as being interchangeable with them; that is to say, women in childbed coming in contact with either of the above-named zymotic diseases, will be liable to contract an attack of puerperal fever. Puerperal fever is often followed by serious complications during the period of convalescence, e. g., abscesses, rheumatic swellings, tumor albus, synovitis, sinuses, fistulæ, nervous affections, paralytic lesions, etc.

Many authorities who regard puerperal fever as septicæmia, think they find a warrant for it from the fact that, in cases where pieces of the placenta and coagula are retained in the uterus, as likewise injuries from lingering labors, and bruises from instruments, septic processes are apt to follow, all of which certainly favor septicæmia.

One writer asserts that "puerperal fever is a specific infectious contagious disease, that meets in the lying-in woman a *specific susceptibility—a real diathesis.*" This peculiar susceptibility in the lying-in woman is evidently favored by the lowering of all the vital forces; at this period the white corpuscles of the blood are increased, while the red globules are, *pari passu*, materially diminished, so that a parametritis, phlebitis, thrombosis, or a phlebo-thrombosis, may set in, and finally, an adynamic condi-

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tion of the whole system results, complicated with a variety of affections of distant organs, the finale of which will be blood-poisoning, or septicæmia.

SYMPTOMS.

In the majority of cases the attack is liable to set in within the first three days after the birth of the child; if the fever does not set in before the fifth day, its advent is not to be feared. Patient usually has a restless night before the attack, when she will have a sudden chill, followed by an intense pyrexia, 104°, which does not remit. The practitioner of course inquires after the condition of the uterus, and usually we find a tenderness over the lower abdomen, an arrest of the lochial flow, and a peculiar bad odor from the scanty flow she may have. In not a few cases the pain over the uterus is intense, and lancinating in character, indicative of the localization of the inflammation. The pulse mounts up to from 96 to 110, or more; respiration accelerated, 33; temperature from 102½° to 104°; patient apt to complain of wandering pains, rheumatic in character; headache, thirst, loss of appetite, great restlessness, and psychical disturbances, with dread of impending doom; nausea and vomiting may occur; sometimes diarrhœa, with rumbling in the bowels, and this last symptom is pretty constant.

In other instances, however, she may not complain of much pain, but when there is peritonitis present it may become diffused, and will be liable to extend to the region of the stomach, and then we are liable to have a gastro-enteric puerperal fever, which may be accidental, and caused by some puerperal intestinal irritation. Such cases are prone to run into a malignant, adynamic typhoid form of the disease. Where the intestinal irritation continues, a dysenteric diarrhœa may follow, which becomes involuntary, and soon carries off the patient.

A heart complication, or pulmonary embolism, may end the scene. Churchill says, "I never saw this fever appear with any degree of violence, but it was always attended with an obstinate diarrhœa."

Should she hold out, however, we will have a low continuous fever, and finally bed sores, petechiæ down the back, and in some cases even terminating in abscesses, sinuses, fistulæ, etc.

In some cases where the pyrexia is continuous, and the temperature and pulse keep up, the intellect being affected, and the patient delirious—although as a rule in this fever the intellect is unimpaired—in the intensity of her delirium she suddenly breaks out with a profuse sweat, which is generally so copious that the inexperienced practitioner unfamiliar with the disease, might regard it as a good symptom; but it is just the reverse; it usually brings no relief to the poor patient; she will even feel worse and more depressed than before the advent of the unusual perspiration.

In these cases complicated with hydrosis, if suddenly a miliary eruption breaks out all over the abdomen, back and limbs, it is generally a good symptom, and may be regarded as a *crisis*, that in the experience of the writer is favorable, and in several cases that we can call to mind has been followed by a lessening of the pulse and temperature. This miliary eruption is quite different from sudamina, being more vesicular; after it sets in the patient seems to be relieved for a day or so, when it disappears, then the patient's pulse will rise again, and the fever from this time may assume more of a remitting character, which is favorable, and an indication for the use of *quinine* in appreciable doses, as we shall take occasion to mention under the head of treatment.

Should the patient have repeated chills and hidden seizures during the attack, we may apprehend pyæmia as well as septicæmia; in fact the recurrence of chills in any complaint, except in regular malarial intermittents, is to be regarded gravely, e. g., in insidious typhlitis, or perityphlitis, the very recurrence of chills will give the practitioner a hint as to the true diagnosis, and the gynecologist in his ordinary daily practice, when he has any affection of the uterus or its adnexæ to treat, if it is accompained by rigors that recur, he will regard such a case at once with solicitude; to the obstetrician especially, such symptoms are always a warning of impending danger.

In puerperal fever, as a rule, the secretion of milk is suppressed, but if recovery takes place the lacteal secretion is occasionally re-established. It must be borne in mind, that it is most remarkable that generally in this disease the secretion of urine is abundant. In delicate subjects the fever is liable to terminate in incomplete convalescence; in fact it may terminate in the setting up of what really seems in some cases to be a sort of general cachexia, from which the patient may never perfectly recover.

The patient may seem to be convalescing, but notwithstanding, off and on, she will show symptoms of a relapse. She is liable here to diverse complications, pulmonary, intestinal, gastric, bilious and rheumatic, also to abscesses, fistulæ, chronic diarrhœa, nervous weakness, and tubercular affections which may end fatally.

To describe this fever in all its protean forms a book could be written. The observant practitioner, who has seen a dozen cases of the disease, will be apt to recognize it when he sees it. Dr. Richard Quain, of London,* speaking of the symptoms, says: "There is often acute pain, with tenderness and swelling of the abdomen, but peritonitis with effusion may occur

* Dictionary of Medicine, Appleton's edition, 1883, page 1290.

without any of these symptoms." In the experience of the writer, this statement is true.

Playfair says: "Pain especially, is often entirely absent, and I have seen cases in which a post-mortem examination proved the existence of peritonitis, in a very marked degree, in which pain was entirely absent." "Sometimes the pain is only slight, and amounts to little more than tenderness over the uterus."

In describing puerperal peritonitis, Playfair further says: "The disease goes on with the symptoms, and when it ends fatally it generally does so within a week, the fatal termination being indicated by more weakness, rapid, threadlike, or intermitting pulse, great tympanites, and sometimes a sudden fall of temperature, until at last the patient sinks with all symptoms of profound exhaustion."

Leishman, in "System of Midwifery," page 696, says: "When peritonitis occurs as a complication of puerperal fever, which constitutes one of the worst forms of the latter, the symptoms are from the earliest development, of a *violent, if not of a malignant type.* Instead of there being constipation, which is the prevailing characteristic of simple peritonitis, *diarrhœa sets in early*, and the case thus passing over, as it were, the initiatory stages of the disorder, plunges the patient at once into a state from which recovery may seem to be all but hopeless."

"The form is of a low type from the first, and the abdominal tumefaction commences at an early stage. It has also been remarked that in this variety the pain begins in the region over the diaphragm, and radiates from that point, instead of from the pelvic region, over the whole peritoneal surface, and that with much greater rapidity than in the other form."

I have made these extracts from Quain, Playfair, and Leishman, for the specific reason that they are acknowledged authorities in our profession, and their statements have a bearing in regard to the diagnosis of a case which I shall refer to.

A case of puerperal fever, which ended fatally February 21, 1884, in a lady of this city, well known, whose death was regretted by thousands, where an insidious peritonitis was present, that, however, exhibtied the exceptional symptoms mentioned by Dr. Quain. She having no particular tenderness over the uterus, but the whole intestine was affected, so that a diffused intestinal catarrh set in, that manifested itself by vomiting and involuntary dyesnteric passages, attended by agonizing pains, and a fatal issue was the result on the seventh day after labor.

Her disease manifested itself after labor, as an insidious peritonitis, the inflammation extending and involving the whole alimentary canal, attended by great suffering and depression, terminating suddenly, with symptoms of exhaustion, from fatal embolism.

It was a typical case of puerperal fever, but a practitioner might have conscientiously doubted as to the above diagnosis, from the fact that we did not see any symptoms of septic poisoning. Her greatest suffering seemed from intestinal pain; she had constant nausea with vomiting at times, and an involuntary dysenteric diarrhœa, attended before and after evacuations with distressing colic. There was no fetid smell to the lochial secretions, but tympanites was present, which increased very much a few hours before her death, and although she had very great tenderness over the epigastric region, she was not particularly sensitive over the lower abdomen.

This symptom favored the opinion that she did not have peritonitis, but I am convinced that she was laboring under a real peritonitis, that first manifested itself at the time when she had the first chill, which was twenty-four hours after her delivery.

In reflecting upon the case, I am disposed to hold to the opinion that she might have had peritonitis, commencing *before her labor set in.* Authorities assert that puerperal fever may set in during the last weeks of gestation or at the commencement of labor. As a proof that the patient really had peritonitis, although she failed to have much sensitiveness in the region of the womb, I have already quoted Dr. Richard Quain, who says, "peritonitis with effusion may occur without any symptoms of tenderness in the lower abdomen." Here was exactly a case of this kind. Her temperature was about 101° to 102½°, pulse 120 to 130. The remedies which seemed indicated were given, viz., *nux vomica* and *mercurius corrosivus;* but to alleviate the great pain she had, on Tuesday night a hypodermic was given, of *morphine;* Magendie's solution was used, and fifteen drops were injected, which contained one-half a grain. This quieted her for the first time since the onset of her chill. She slept fairly all night, and was greatly encouraged the next morning, which was February 20th. The next afternoon her pains all returned with increased intensity; the same involuntary dysenteric diarrhœa seemed uncontrolable, the nervous symptoms were all prominent, and withal the prognosis became exceedingly grave.

I saw her again, with Dr. Gundelach, her attending physician, at half-past nine P. M., and we decided that a the prescription given the preceding evening should be repeated. Dr. Gundelach accordingly administered it, that is to say, fifteen drops of Magendie's solution were given hypodermically. When I left her bedside the pulse was 147, respiration 63, temperature 102½°. She passed away at about two o'clock Thursday morning, exhausted by the agonizing pains and great nervous disturbance which she had been laboring under,—probably some heart disturbance, such as embolism, ended her life. In the agony of death a doctor in the neighborhood was called, who, according to a statement in a daily paper, was kind enough to make a fling against the attending physicians, so that a newspaper reporter, who was at hand, made the statement in the morning papers

that the lady "succumbed from narcotics given to her by her attending physicians." The demise of this most amiable lady made a great sensation in St. Louis, where she was so universally known, and greatly admired and beloved. The report was telegraphed far and wide that Mrs. P. had died suddenly from a dose of 21 grains of *morphine*, given to her by her attending physicians, Drs. Gundelach and Comstock. I hope the physician who was infamous enough to make such an innuendo against two of his brother practitioners, and, furthermore, to take no pains to correct the calumny, after he was informed of its absolute falsity, will repent of his sins before he leaves this world.

It will be seen that all the narcotic that was given was one grain of *morphine*, given in two doses—half a grain on Tuesday night and half a grain on Wednesday night.

To return to the particulars of the case, I should say that the lady herself, a *primipara*, informed me that her mother, who was then absent in New York, had requested her to call upon me to attend her in her confinement; she, however, followed other advice, and called in an old school practitioner, who acted as her accoucheur from February 14th, the date of her confinement, until the 18th inst. following, when he, together with another medical consultant that he had called in, was requested to discontinue his services.

At this period of the case, four days after her labor, Dr. Gundelach was called to attend her, and finding her condition a very serious one, on the next day, the 19th, I was called in consultation, and attended her with Dr. Gundelach for two days, until her decease.

Regarding the physical condition of the patient, I should say that I examined the uterus, and in the post partum condition found nothing particularly abnormal; there seemed to be no laceration of the cervix or rupture of the perinæum. Indeed, there was nothing to indicate traumatism, as the cause of the grave disease that we found we had to encounter; there was no unpleasant odor from the lochial discharge, and the secretion was normal in quantity, the vaginal temperature was 102¼°, and from these symptoms, we could not regard the case as one of septic poisoning, or septicæmia. Regarding the uncertainty about the lochial discharge, I quote the following from Dr. Fordyce Barker, who, in describing puerperal peritonitis ("Puerperal Diseases," page 338), says: "The lochia furnish no indication by which we can judge of the severity of the disease. They are sometimes diminished or suppressed, while in other cases they continue without any marked modification through the whole period of the disease."

I have previously stated that puerperal fever comes in two forms, with septicæmia and without septicæmia. This lady's mind, throughout her illness, was remarkably clear; sometimes, however, from the intensity of her pains, she possibly appeared a little flighty; suffice it to say, that there was something from the first time that I saw her, pathognomonic about her looks that made us apprehend danger, and her sudden death was not unexpected by her medical attendants.

Sudden death in the lying-in chamber is appalling, and has been largely written upon by our English brethren in the profession, for the last sixty years. Dr. Gundelach was not entirely in accord with me, in regarding the case as a typical one of puerperal fever; but from the previous experience that I have had in this frightful disease, I have no hesitation to thusclassify it. The patient had fever, vomiting and diarrhœa, all prominent symptoms of the disease. That she had peritonitis I fully believe, and my diagnosis is fortified by the authority already quoted. Dr. Lusk, in "Midwifery," page 623, in describing puerperal fever, under the special symptoms of pelvic peritonitis, says: "Vomiting occurs occasionally, but is comparatively rare *unless peritonitis becomes diffused and spreads to the region of the stomach.*"

These symptoms were all present in her case, and her death was from the fatal complications besetting a puerpera, with this fever, together with a diffused peritonitis.

CAUSES.

Some old authorities have regarded this as purely a nervous affection, and no doubt unfavorable moral and physical influences and emotions may be a cause of it. Ferrier went so far as to place anxiety and depression of spirits as the true cause of many of the so-called zymotic diseases—indeed, we have undoubted proof of the causal relations of such mental disturbances. Some years ago some physician in New York took pains to investigate the causes of accidents among puerperal women, and found that among the wives of young physicians, who had access to their husband's books, they were very liable to have some untoward accidents during or after labor. Churchill says, in his classical work upon childbed fever:

"At this period the tightness of the stays and petticoat bindings, the weight of the pockets and the petticoats, bind the womb, already enlarged by the fœtus and its membranes, so strongly against the lower intestines, as to prevent the descent and expulsion of the excrements."

"These being retained, the thinner parts are absorbed by the lacteals, which cause, or at least greatly increase, that obstinate costiveness of which most women complain during the whole time of pregnancy, and which is also farther increased by a sedentary, inactive life and improper diet."

In the case of puerperal fever that I have mentioned this evening, the patient was subject to many sinister influences and habits during her gestation, all of

which favored the development of the disease. It is unnecessary to mention them here in detail. I have been officially informed regarding them, and can see a relation between cause and effect in her peculiar case.

One fact also to be noted in her case was, that her confinement was some two weeks premature.

MANAGEMENT OF PUERPERAL FEVER.

A disease that we have said so much about will need careful management. This is self-evident.

First. Conduct of the doctor who has such a disease to treat. Practitioners, in past times, have had divergent views regarding the disease. The late Professors Meigs and Hodge, of Philadelphia, both disbelieved in the contagious nature of the disease. Dr. Meigs, in his work upon obstetrics, wrote many pages upon the subject against the theory of contagion, and yet Professor Gunning S. Bedford, of New York, at the same period, believed and taught the contagion theory. At the present time the profession are generally united in regard to it as contagious, and such being the case, what shall the doctor do to avoid it?

The medical man, when attending a case of real puerperal fever, should decline to attend a new case of confinement. If this is not possible, then let him change his clothing and spray himself with some disinfectant before going into another confinement room.

Second. Anoint his hands with *boro-glyceride, Condy's fluid,* or *listerine,* before making the touch. He should use his left hand in making the touch upon an affected woman, and when he attends a new case, examine her with the right index finger.

Third. The accoucheur should direct every patient that he attends in confinement to lie upon tarred paper; this is to be used instead of the old Macintosh sheet, as it is antiseptic, and will, as we believe, tend to prevent the accession of puerperal contagion.

Fourth. If the practitioner has a case of the disease attended with fetid-smelling lochia, he should resort to antiseptic, vaginal, or intra-uterine injections. "Regarding the general indications for treatment by injections, it is first to neutralize the puerperal poison at the point of production, in order to prevent its causing further mischief."—*Lusk.*

The antiseptics needed are as follows: *carbolic acid solution,* two to three per cent., *boro-glyceride solution*—one to two of *glycerine*—and this solution weakened at least about twenty per cent.; *corrosive sublimate solution,* one to 4,000; *Condy's fluid,* and lastly, *solution of acetate of alumnia.* All of the above are good and perfectly safe.

Carbolic acid has been in use the longest, and it is believed to be not only antiseptic but also *antipyretic.*

Boro-glyceride is harmless, odorless and safe; *corrosive sublimate* is the best parasiticide that we possess, and in the solution above mentioned it is efficient and we believe harmless. Several accidents have been reported from its use in stronger solutions, and one death where it was employed in a strength of one to 1,500. Dr. Stadfield, of Copenhagen, reported the case, and others have had trouble. When used in the strength of one grain to twelve ounces of water, no harm can result; it is, however, usually employed in double that strength. *Condy's fluid* is excellent, and may be diluted with about two parts of water. *Listerine* is also used by some practitioners; it is agreeable and reliable, but, theoretically, the *solution of boro-glyceride* is its superior.

Usually, in our practice, the fever has diminished and improvement manifested soon after injections were given. The patient should be lightly covered, the room kept at 68°. She should be attended by a reliable and trained nurse; the friends should keep out of the room as much as possible. Two nurses will be required, one for the night, the other for the day.

MEDICINES.

Our grand-grand-mothers, and even our less remote female ancestors must, have been in great fear and suspense on account of the alarming mortality attending childbirth, or at last must have been more or less nervous during gestation. Look into Churchill's work upon puerperal fever, published 34 years ago: the treatment there advocated was bloodletting, *calomel,* purges, blisters, the abdomen covered with leeches, called, in the language of Dr. McClintock, of Dublin, "a poultice of leeches," and under this treatment we are told that "scarcely any recovered."

Dr. Thomas Moore Madden, of Dublin, author of a work upon midwifery, in a recent number of the *British Medical Journal,* says: "It is not so very long since an eminent obstetrician reported that he would quite as soon be called to a case of hydrophobia as to one of puerperal fever." We can do better than this now, thanks to our experience, from our improved clinical advantages and instructions. Let us remember that we have an infectious fever to treat, *plus* the local disease.

PREVENTIVE MEASURES FURTHER CONSIDERED.

In all confinement cases and in abortion cases, as we have said before, we direct the patient to have her mattress covered with tarred paper. As soon as she is delivered, we order all ablutions to the privates to be made with tepid water, to which *boro-glyceride solution* is added. Any one of the above named antiseptic solutions may be selected, according to

the preference of the practitioner. They are all reliable. The greatest cleanliness must be practiced; all the excretions of the patient must be immediately removed from the lying-in chamber; a cloth wetted with the *boro-glyceride* solution should be kept over the vulva, in order, if possible, to keep down all tendency to sepsis. Injections, made only by the practitioner himself, should be given as previously described. Vaginal injections may suffice in most cases, but where the discharges from the uterus are fetid and the fever is intense, intra-uterine injections should be given, and, as a rule, immediate improvement and a lessening of the fever will be manifested after their cautious use.

GENERAL THERAPEUTICS.

A few remedies only we have found as available in this disease, such as *aconite, veratrum viride, gelsemium, belladonna, digitalis, bryonia, mercurius, opium, nux vomica, quinine* and *alcohol.* At the onset of the chill the remedies will be found among *aconite, gelsemium* or *bryonia,* if the fever continues and increases in intensity, *veratrum viride* may be given; but this last remedy is a depressant, and its action must be carefully watched. If diarrhœa and vomiting set in, *ipecac* or *mercurius* may be selected. If the fever is remitting in type, *quinine* is the remedy in six to eight grain doses, every six or eight hours. Should *quinine* fail in its action, and the patient have especially great pains with profuse sweats, *salicylic acid* may be thought of. If the patient has great pains, distress and extreme restlessness, as is frequently the case, and these symptoms do not subside, McMunn's *elixir of opium* should be administered and repeated in doses sufficient to allay the pain; or, in extreme cases, if deemed necessary, Magendie's solution of *morphine* may be given hypodermically. This solution contains sixteen grains of *morphine* to the fluid ounce of water, so that five drops of it contains one-sixth of a grain. In cases where *quinine* seems to fail in lowering the temperature, Warburg's tincture may be prescribed. This remedy which is a mixture of the *cinchona* alkaloids with *aloes,* has proved a most efficient remedy in malaria in India, as also in this country; and having used it for some years past, I offer no apology for mentioning it. I have found it reliable in many cases of malaria that resisted all other remedies. But if I must give a reason for resorting to a remedy which contains several medicines in combination, I will reply in the words of the Frenchman, "*Je prends le bien ou je le trouve.*" Warburg's tincture (which is unpleasant to the taste in solution of the tincture) I sometimes give in capsules of five-grain doses each, as prepared by Fairchild & Foster, New York. As auxiliary to internal medicines, to allay the intense fever, when it persists, *refrigeration* may be tried. The patient may be placed upon Kibbee's cot and cold water compresses applied to the abdomen, or cold water sprinkled at times over the same. In the absence of Kibbee's cot, Leiter's Vienna apparatus—which I here exhibit—for applying cold locally, may be used. It is, as you see, simple in construction, easily managed, and very practical. I also exhibit to you Leiter's ice cap. Another apparatus for cooling the head is Thornton's ice cap, that some of you may possibly be familiar with; it is also good, and is made of India-rubber tubing. Leiter's apparatus, as you see, allows a current of iced water to be running through the coils of metallic tubing around the head. This gives the greatest comfort to the poor patient, although she may be suffering from the most intense heat—so much so as to be delirious. I am now giving you the results of my experience in such cases.

I may remark to you that this Leiter's apparatus has also been used after operations for ovariotomy, to lower the temperature and keep down fever; it will greatly alleviate the headache of the puerperal woman; and finally you will see that you may utilize it in applying heat locally, by simply running hot water through it instead of cold. It will be found to be a little device very practical for both the obstetrician, and the gynecologist. Another method to apply refrigeration is to have a nurse each side of the patient, and both of them keep sponging her with sponges, or cloths dipped in equal quantities of vinegar and water icy cold.

This treatment may be kept up for an indefinite time, is perfectly safe, and will greatly reduce the temperature, and thus allay the fever. The patient should be kept lying upon the tarred paper, unless the odor is decidedly unpleasant to her, when it may be removed. This tarred paper is by no means so uncomfortable as the Mackintosh sheeting, or oil cloth, since these last are apt to be warm and tend to retain the heat of the body.

To ease the great pain over the region of the uterus, so characteristic of peritonitis, fomentations of *aconite* tincture may be applied, by saturating spongiopiline with the same, quite hot. Fomentations of hot water, as is well known, are also frequently useful in peritonitis and metritis. Where we have a tympanitic condition of the abdomen, turpentine may be given on sugar, and it may be applied locally by stupes. Carbonic acid water—English soda—from a syphon bottle, should be kept within reach, and given to the patient *ad libitum,* whenever she is thirsty or nauseated; the syphon bottle should be kept cold, in summer in the ice chest, or, if that is not convenient a piece of ice may be placed in a tumbler and the carbonic acid water jetted upon it, and thus it can be given to the patient icy cold.

DIET.

Milk and lime-water, or English soda, milk punch made with whisky, wine whey, barley water, cocoa, koumiss, beef broth, or clam broth, (the latter is preferable, if it can be had). The bed clothes and patient's clothing should, if possible, be changed daily, or at least every other day. During convalescence the patient is liable to a great many troubles, such as bed-sores, abscesses, fistulæ, and sinuses from the bed-sores, synovitis, rheumatic and neuralgic pains, relapses of fever, sweats, nervous affections, etc.; and some of these complications are materially aggravated by errors in diet.

POST-MORTEM APPEARANCES.

The appearances after death from puerperal fever are so different in different epidemics, that up to this time we have learned but little of practical advantage from dissections. Usually the intestines are distended with gas, and we find exudations of fluid within the peritoneal cavity, some granular matter, and inflammatory products of pus, and fibrin, in small amounts within the uterus. The right side of the heart, as well as the larger branches of the pulmonary artery, contain coagula,and the spontaneous coagulation of the blood in the right side of the heart was supposed by Doctor Meigs to account for sudden deaths in the puerperal state. In a great many cases the post-mortem appearances have given very negative results, and upon this point we have but little to say. This is recognized and admitted by practitioners who have had a large and varied experience in the disease.

I have endeavored to give you a few of my opinions regarding the disease in question. The points I wish to have discussed this evening, are as follows:

First. I regard puerperal fever as an essential, infectious fever, an entity, to be classed as a zymotic affection, and not a local disease.

Second. The many local complications met with in puerperal fever, are often sequences of a pre-existing fever.

Third. Entity, or reality of the affection, consists in the fact of its being a zymotic disease, as distinctly so as is the case in other zymotic diseases, such as scarlet fever, typhus, erysipelas, etc.

Fourth. Causation—It is a zymotic fever, which appears periodically, the exact causes of which are unknown, quite as much so as the cause of scarlatina, etc., but being contagious, it may be from heterogenetic causes, or from auto-genetic inoculation, after injuries in labor, and especially when a patient is exposed to the bad air of her dwelling place, be it malaria, sewer gas, or the air in a hospital. This fever is very liable to set in from the latter cause.

Fifth. As to the treatment, it must be symptomatic. We cannot claim to have discovered any real specific for the disease.

Sixth. The disease is of two kinds, a septic and a non-septic.

Seventh. Puerperal fever may be of so complicated a nature, and sometimes runs such a rapid and fatal course, as to almost defy the practitioner in deciding as to its diagnosis, and the extent of the lesions involved.

Eighth. The remedies to be named as among those absolutely requisite, that should be within reach, are *aconite, gelsemium, veratrum viride, bryonia, mercurius, quinine, opium, digitalis, alcohol* and *nux vomica.*

Ninth. Refrigeration as an *auxiliary,* is proved by experience to be a precious boon, and when carefully understood and rationally applied, will be found equally useful, as when employed in scarlatina, typhus, pneumonia, and pulmonary hemorrhage. Hot fomentations in certain complications are frequently useful, and are to be recommended.

Gentlemen, in the therapeutics which I have mentioned, I wish to say that I have spoken conscientiously, and have only told you what I do in such cases. I would treat this formidable disease from the standpoints of science and rational experience. Remember Blundell's maxim in obstetrics, "Nec temere, nec timide," and what I have said comes from experience, as Stoerk has said, "Non hypotheses condo, non opiniones vendito; quod vidi scripsi." I do not give you a new theory, I do not wish to fortify my opinions, but (quod vidi scripsi) I have only written down my experience. I am conscious that I have given you a very incomplete essay upon this disease, yet I may say in the language of Cicero, "Nec me pudet, ut istos fatere nescire quod nesciam,"—I am at least not ashamed to confess to you my ignorance of those things, that I do not perfectly and completely understand.

Gentlemen, I believe it is our duty to be accomlished physicians and therapeutists, and be prepared to master the most trying and dangerous diseases that we are liable to encounter. When our patients entrust us with their lives, we should be prepared to exercise all skill to save them, and be "posted up," and be ready to employ all and every rational method and expedient that is known in the present advanced state of medical science.

In the therapeutics of this formidable disease, that I have spoken of imperfectly this evening, you may accuse me of "mixing science with experience," and perhaps I shall have to plead guilty.

It is the province of the doctor to cure—at least our patients naturally desire that we shall make them better; and we should earnestly try to "earn our fees," which most of them pay us so liberally. They do not wish us merely observe the case, and charge them for the observations, when some therapeutical

resource will alleviate their sufferings. It is our duty to *know*, and *use* every *rational remedial agent*, or *other auxiliary, that will assist nature in the cure.* A recent writer says; "the best therapeutic practice of to-day, is therefore a mixture of science and empiricism; but science has enormously increased in the last twenty years, and is advancing with arithmetical progression."

Gentlemen and confrères, the celebrated author and physician, Charcot, of Paris, says: "Science in the affairs of medicine is an essential condition to its progress, and I believe that practical medicine is not a real autonomy; that *to live it must borrow;* that without a constant scientific renovation it would soon become a dull routine."

This is an extract from Charcot's creed, and in it he assures us that the physician who is successful, needs to be "practical."

Charcot's creed is a good one, and the serious nature of the malady which we have been studying, and the diversity of opinion regarding it, only goes to admonish us that every doctor should pay strict attention to clinical medicine, and especially diagnosis, and try and infuse new life into his daily work, for without borrowing from the experience and fruits of others we may become "drones in the hive." Finally, let us not forget, in the exercise of our skill, to make our patients realize that "medicine is both a science and an art."

IS ALCOHOL A FOOD?

BY O. EDWARD JANNEY, M. D., BALTIMORE, MD.

THE medical profession, in its constant struggle with disease and death, is ever on the alert to oppose the enemy with the most effective weapons. It naturally follows that an agent which acts quickly, whose results can be seen at once, and especially when the immediate effects are apparently good, will find favor with many.

Such is alcohol, and so great is the reliance placed upon it as an agent in the relief and cure of disease that the number of physicians is small indeed who never resort to it, and in some form it is generally present in household remedies.

The most common use of alcohol in disease is in that class characterized by wasting, when ordinary food does not seem to give needed strength, or when, from diseased condition of the stomach and other organs, the usual food cannot be given. Such diseases are typhoid fever, affections of the lungs, and dyspepsia. Very frequently, too, alcohol is directed to be taken as a "tonic" whenever the system is weak from any cause, and this is tantamount to daily use, since all these depressed states of the system are apt to last during a lengthened period. So, too, we find numbers of men who use alcohol daily as an article of diet, believing it gives them increased strength for their work, and that it promotes health.

In view of these facts, it becomes a matter of immense importance to ascertain whether alcohol does act as a food, or yield any real increase of strength; for it may readily be seen that if in a case of typhoid fever, for instance, we employ alcohol to keep up the strength and aid nutrition, whereas it does not do so, we not only lose valuable time, but we are depending upon an agent which fails to accomplish these results. And if, still further, it can be proved that the agent not only does no good, but really acts as a strong poison, we perceive we have made a mistake, and a fatal one. In a case where the chances of life and death are about evenly balanced, we throw into the scale a heavy weight on the wrong side.

Let us look into this matter a little, find out what the facts are, and thus arrive at a rational conclusion in regard to the power of alcohol to act as a food.

It is scarcely necessary to say that alcohol is the active ingredient in all intoxicating liquors ordinarily used—the spirit by which they are possessed—and so we use the term alcohol to express them all.

It is claimed that when alcohol is taken into the system it acts in three different ways: stimulant, nutritive and antidotal. The stimulant action is very marked and prompt, and is largely due to the irritating effect of alcohol on the tissues of the body with which it comes into contact. When swallowed in a diluted form, it is rapidly absorbed from the stomach, enters the circulation, is carried to the heart, where, by its irritating action on the walls of this organ, coupled with an influence on the nervous system, the heart is stimulated to more rapid movement. For the moment the patient is more *alive* than previously, and there are times when such an agent is necessary; in cases where shock has occurred, or death seems imminent from other causes unless the patient is quickly roused, alcohol may do good service in carrying past the dangerous point. This is the *stimulant* action. Alcohol has its place, too, as an antidote for the poison of the rattlesnake—its use in this way being well known.

When, however, it is used in consumption, typhoid fever, and diseases of this character, which last through weeks and months, it is evident that the stimulant action, always followed as it is by corresponding depression, can be of no service. These conditions demand food, nutrition, and many resort to alcohol to supply the demand. Is alcohol, then, a food, or are we placing confidence in that which will cause disastrous failure?

What do we understand by the term food? "It is that which goes to support life by being received within, and assimilated by the organism of an animal or plant." So says Webster. Dr. Henry Munroe, of

Hull, England, says, "Every kind of substance employed by man as food, consists of sugar, starch, oil, and glutinous matters, and the glutinous matters are composed of fibrine, albumen and caseine." All vegetables contain some form of starch, most of them sugar, while meat and eggs yield oil, fibrine and albumen, caseine coming from milk. Most of these articles are not suitable for food until certain changes have been made by cooking, which destroys poisonous properties and renders digestion easier. On the other hand, most fruits are eaten in their natural state, being composed chiefly of water, sugar and vegetable acids.

When proper food is taken into the system it is acted upon by those digestive agencies which nature has provided, and which are excited to action by the presence of food without any disturbance of the system. Indeed, after food is swallowed, a healthy man is not reminded of its presence by the slightest irritation or disturbance. After being digested, the food is taken up by the circulation and carried through the liver and the lungs, where all the material is *converted into blood*, perfectly healthy and fitted to be sent over the body, to renew waste and give strength. The different tissues through which the blood passes absorb that material which they need, and the food which we originally took now becomes, for a time, a component part of the body.

This being the case, it is obvious that food does not remain as such in the system, but becomes living tissue, forms muscle, and bone, and nerve, and does not in any case enter the circulation and remain in the body *unchanged*. Going a step further, it is clear that food is not given off from the body unchanged in form, by means of the lungs, skin and other organs, whose duty it is to carry off effete matter from the system. There is one substance claimed to be a food, which acts in this way, as shall presently be shown. Food, however, is too valuable to the system to be thrown off thus; it is only the waste, the dead and poisonous matter, which is thus eliminated.

We do not find that food, in its proper form, irritates the membranes with which it comes in contact. After the introduction of food to the mouth, stomach and other organs, there is no other action than the production of the natural digestive juices and the natural muscular movements with their attendant changes in the nervous and circulatory systems. All the membranes are left in a perfectly healthy state, ready for duty.

One essential property belongs to food, and invariably accompanies its use by the healthy organism: the power to produce heat and strength. All the tissues of the body find in it that which is necessary to constantly renew their life and vigor. That the chemical changes that the food undergoes before it becomes a part of the body cause heat is demonstrated by the fact that blood which comes from stomach and liver during digestion is warmer than that which is on its way to those organs. The production of heat occurs in every part of the body, as the blood carries material to be oxidized into bone and muscle.

Such are the main characteristics of food or force-producing substances in the system, and they must act thus or they are not proper articles for nutrition. Let us now see in what manner alcohol acts when taken into the system, and discover if it is in any sense a food or force-giving substance.

Take some pure alcohol into the mouth and retain it. In a moment a burning, stinging sensation is felt, which soon becomes painful, and if the alcohol is not ejected the lining membrane of the mouth will become congested and irritated. If the alcohol is swallowed it will be retained in the stomach, and here again the lining coat of this organ will be irritated and its action interfered with. The proper work of the lining membrane of the stomach is to exude gastric juice, which helps to digest food, and anything which interferes with its production or character is hurtful. Now it may easily be shown that alcohol does both. In the first place, when pure alcohol is received into the stomach it remains there indefinitely, for the reason that admixture with twice its bulk of water is necessary to enable it to pass through the coats of the stomach into the circulation. Being in the stomach, its presence does stimulate or irritate the membrane, so that it throws out more gastric juice than usual, but this over-production soon results in deterioration in quality, so that it can no longer do its proper work. Of greater moment still, however, is the change in the *nature* of gastric juice which alcohol causes. The result of this is that *its power to digest food is destroyed*. Many experiments on men and animals prove this; it cannot be doubted. If a meal be eaten and alcohol then taken in sufficient amount, no digestive action will occur, and the food will remain for many hours unchanged in the stomach. If it was not the fact that alcohol is always taken diluted with water, serious and immediate trouble from it would ensue whenever indulged in.

When alcohol is absorbed into the blood after being swallowed, its action is peculiar. If sufficiently strong it attracts water, for which it has strong affinity, from the corpuscles of the blood, so that they shrivel, as the microscope shows. This action, continued, causes thickening or coagulation of the blood, and has produced immediate death in this way. Alcohol when once in the circulation, is sent all over the body, and wherever it goes the result is congestion and irritation, followed by abstraction of water, which results in hardening and alteration of tissue. The

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importance of these evil results is easily understood when we consider the delicate structure of all human organs, especially the brain, which is largely composed of an albuminous substance, easily hardened by alcohol, and is, moreover, so located that large quantities of blood are continually forced through it.

When alcohol is taken into the system, it would seem that Nature, recognizing the presence of an enemy, rouses herself to unusual activity in order to drive it off; as when a foe suddenly appears in a redoubt, the garrison is at once aroused and exerts every effort to expel the intruder. So, shortly after alcohol is received into the system, it begins to be expelled through the skin, lungs and kidneys. This physiological fact having been denied, it may be well to examine some of the evidence, and so be able to hold an intelligent opinion on the point.

Sir T. K. Chambers, physician to the Prince of Wales, and a first-class authority says: "It is clear we must cease to regard alcohol as, in any sense, an aliment, inasmuch as it goes out (of the body) as it goes in." Dr. Randolph Neasing, a prominent physician of Germany, has been experimenting on this point. His method is thus described: "Put a solution of *bichromate of potash* and *sulphuric acid* into a glass tube, leaving one end of the tube open. The color of this solution is red, but a very little alcohol will turn it to emerald green. Sober men breathed into it, but their breath had no effect. A drunken man breathed into it and it instantly turned green." Does not this go to prove that alcohol is given off in the breath as alcohol, and in an appreciable quantity? This experiment may be tried easily by any one; the chemicals are not hard to procure, and the drunken man is ever with us.

Eminent scientists in France, Perrin, Lallemand, and Duray, have experimented in a similar way with like results. A man drank a pint and a half of wine and at the expiration of an hour and a half breathed into the test solution, which turned green in two minutes. Two hour later the green color appeared in four minutes, and so on, until at the expiration of eight and one-half hours no change occurred. Similar experiments by the same men prove that alcohol is given off also by the skin and kidneys. But perhaps the most remarkable corroboration is found in the investigations of Dr. Anstie and other well-known scientists, which were undertaken with the intention of ascertaining, by other methods, the accuracy of the above-mentioned results. Their work proves that alcohol *is* given off by the excretory organs in animals, but not all of it, part remaining to be disposed of in other ways. The theory that the portion which remains is oxidized and thus gives heat and strength to the body is untenable in the light of the known action of alcohol. Part may be oxidized, but it is at the expense of oxygen which is needed in the tissues of the body. The alcohol is destroyed in part, but it is at the expense of strength, and not its gain. It is an action similar to that which occurs when *arsenic* or other poison is taken into the system; the *arsenic*, if not sufficient in amount to cause immediate death, is destroyed by the organism, but at a deadly risk, and with a severe strain upon the system.

There is yet another peculiarity of alcohol to be mentioned. When it has been used to excess, the whole system seems to be saturated with it; it cannot all be thrown off from the body or destroyed with it, and so alcohol remains in every part; and wherever it is the same irritation and destruction of tissue is kept up, resulting, of course, in disease and early death.

Is evidence wanted on this point? There is any amount of it. The United States Dispensary, which is excellent authority, says: "After death, abundant evidence is furnished of the absorption of the alcohol." Dr. Percy has found it in the brain. A man suddenly dropped dead in the streets of London and was taken to Westminster Hospital, where his brain was examined, and in its recesses the doctors found a liquid which had every appearance of *gin*, and when a match was put to it the alcohol burned. Unchanged alcohol in the delicately organized brain!

It has been briefly shown how food acts in the system, and then the action of alcohol, so that the two might be contrasted. The conclusion which a candid mind must reach, after investigating this subject, is that alcohol may stimulate or bring out the energy latent in the system, but a food or *force-producing agent it never is.*

It has been shown that so far from being a food, it irritates and inflames the lining membranes of the canals through which food must pass; it cannot pass out of the stomach until largely diluted with water; it alters the character of the digestive fluids and hinders the digestion of proper food; so far from acting as a food, it injures every tissue of the body with which it comes in contact, and produces in them disease. Unlike a food, alcohol is in part thrown off from the body unchanged in form, and in part retained in vital places—still alcohol, never having been acted upon by the gastric juice. Webster says food is what goes to support life by being assimilated by the organism, and alcohol does not support life and neither is it assimilated. In the beginning of this article it was stated that all food consists of starch, sugar, oil and glutinous matters. If so, where does alcohol come in?

It has been urged by some that because the chemical composition of alcohol ($C_2 H_6 O$) is similar to that of starch ($C_6 H_{10} O_5$), therefore it may be easily con-

verted into a food. Such reasoning is fallacious, as substances may be nearly alike chemically and yet differ in all their qualities. The diamond and charcoal are the same chemically. Ether ($C_4 H_{10} O$) is nearer in composition to starch than alcohol is, and yet no one has come forward to urge people to use ether as a food. The flavor of lemons, the oil, is chemically almost identical with oil of turpentine, and yet these two articles are in every other respect different, and no one makes lemonade out of turpentine.

Again, alcohol does not make blood, as food does, but deteriorates the blood; it does not make bone and muscle, or any living tissue; instead of giving strength to the body as food does, alcohol weakens it in every part; instead of contributing heat, it may be easily proved that, under the influence of alcohol, the body rapidly loses heat. We have the authority of Dr. Richardson, of London, that the temperature of the body of a man who has been drinking heavily *falls two degrees;* and men in this condition are well known to be very susceptible to the action of cold.

Thus it is clear that alcohol does not fulfill any of the conditions of food; it is not a food and cannot act as such in any case. On the contrary, it is a poison—an irritant poison—and is so described by all good medical authorities. Its continued use then, in sickness or as an article of daily consumption, is productive of immense evil; so far from helping the enfeebled body it adds another weight for it to carry. If those who are not convinced on this subject will carefully observe the effects of alcohol on the sick, their experience will certainly coincide with that of Dr. D. B. Gunn, of Brandon, Miss., as he relates it in the *Medical Brief:* "Some thirty years ago I was treating a negro boy for dysentery, and he had gotten so low that every hour I expected would be his last. I was then a strong believer in stimulants, and supposed I was keeping him alive with port wine. When I gave it to him it would raise the pulse at the wrist, and when the stimulating effects of the wine had passed off, the pulse would go with it. I was staying at the house one night, expecting him to die before morning, and during the night the nurse came and reported that the father had drunk up all the wine. The master sent eight miles for more wine; but in the meantime I gave the boy nourishing soup and plenty of sweet milk, and when the wine came, some time after breakfast, I found the patient had a permanent pulse, and I suspended the wine to see the result. By night he was so much improved that I did not resume the wine, and the case was convalescent in a few days. From that day to this I have closely watched the effects of stimulants, and am thoroughly convinced that in nine-tenths of the cases where they are used they do more harm than good."

MECHANICO-PHYSIOLOGICAL CONSIDERATIONS ON HERNIA.

By George H. Taylor, M. D., New York.

Part IV.

THE LOCAL TISSUES IN HERNIA.

The nature and action of the mechanico-physiological factor of hernia has required extended explanations, because a proper understanding of its power and availability is of inestimable value to medical science, and because this value, and indeed its existence, has generally been unrecognized, and therefore unemployed.

It would be incorrect to infer, on the other hand, that the remedial methods based on the principles thus brought into prominence, involve a neglect of the local tissues—the parts which have suffered actual divulsion and distention by the impinging viscera; or that no provision is desirable or applicable to restore the local tissues to integrity and sound health.

The cultivation of the muscular power and the resisting properties of all the constituents of the tissues overlying and surrounding the protrusion, is the natural and necessary consequence of improving their physiological duties. The substance of the tendons, ligaments, membranes, connective tissue, and whatever is acted upon and made to act by the processes prescribed, are as certain to increase in bulk, hardness, and all the qualities implying resisting power, as are the same mechanical elements of the limbs, under similar circumstances. By non-use, these acquire softness, flaccidity, and incapacity to resist mechanical impressions. Such impressions produce soreness and possible injury, unless the mechanical stress is applied tentatively and gradually. The desired properties are the product of judicious use; and this acquisition of resisting power may, by adequate training, be carried to an almost incredible degree.

The securing of these advantages for the hernial tissues is even more feasible and more permanent than for the extremities, for the reason that all cultivation of power of these parts is perpetuated and even increased by the natural functional rhythm into which such cultivation is resolved; while in case of the extremities, the muscular action being entirely dependent on the will for its incentive, is necessarily fitful, irregular, making less steady demand on nutritive support.

The remedial method known as radical cure, before referred to, and which depends for its effectiveness on an attempt to substitute cicatricial tissue at the hernial opening, is a full, though unconscious, recognition of the principle of need of increase of local power of resistance. As it is, however, only the conceit of a

substitute for the truss pad, which again is regarded as supplying the purpose of sound local tissue at the culminating point of defect, it is plain that in neither case is physiological development contemplated or indeed possible; and no actual recovery can occur, since this is the result of development only. The futility of attempts through other channels is a foregone conclusion; but the failure of efforts referred to should have the effect of laying bare the real and indispensable need, and at least suggest the direction which remedial inquiry should pursue. The attainment of the real purpose is practicable; but only by the direct, not by substituted methods

The mechanical structures of the organism may be understood as being composed of two distinct classes: the generators of mechanical energy, the muscles; and the recipients and transmitters of such energy; the bones, tendons, membranes, and those parts generally composed of connective tissue and its modifications. The muscles are subject to rapid change of substance; while the passive or recipient tissues act only as acted on. The nutrition that is the maintenance of the integrity of any tissue, is absolutely dependent on use or function. When, therefore, the abdominal muscles are functionless, or nearly so, from defective rhythm, and insufficient ordinary action of the trunk muscles, the tendons, aponeuroses, and connective-tissue substance in general which enters into the anatomy of the hernial region, must suffer deterioration, become soft, weak, lax, unresisting and incapable of fulfilling their local duty. The principle holds true of even the bones. The existence of hernia is abundant evidence that the principle is as true in its application to the constituents of the hernial region as it is in any other portion of the body.

However desirable it may be in hernia to promote the development of good, strong, compact and powerfully-resisting mechanical structures in the hernial region, nothing is plainer than that the ordinary remedial treatment of the affection is in direct contravention of such apparently well-established principles. The truss-band restrains the action of muscles, and therefore the energy which should be transmitted to their tendons and other structures of the hernial boundaries; the pad still more promotes absorption and wasting of these tissues to the extent of its influence, while the influence of the substitutes for this device is, if possible, still worse; and all fail to recognize the main principle through the operation of which any approach to cure is possible.

It is a perfectly correct inference that the remedial treatment demanded by all true physiological and therapeutic principles, is exactly contrary in its nature and form to that traditionally provided. This consists in general in the intermitting pressure and action supplied from the muscles normally adjusted to act upon the hernial tissues, the *white* anatomical structures of the hernial locale. Such action increases their nutrition, their substance, and their resisting powers.

The effects inaugurated by muscular action may easily be so directed as to converge at the hernial region; may be intensified in proportion to the extraordinary local need; and the action may be relied on as effective in the desired direction.

But the therapeutic advantages of mechanico-physiology are by no means limited to the effect of muscular action on the muscles themselves, and on the tendons, and other anatomically-related tissues that are at fault. It is not even necessary to wait for the development of muscular power, and for the extension of natural rhythm to the faulty region. *Massage* imparts to the local tissues similar pressure-motions to those naturally due, and equally well promotes their nutrition and resisting power. Massage may be applied locally without limit, and is as certain to cause increase and hardening of the local tissues at the seat of hernia as is a similar cause to produce similar effects in other situations. This is witnessed in case of the hands and other parts subjected to pressure-motions of laborers. Local massage, whose power is derived from appropriate mechanism, is often of the highest importance for securing the desired improvement of the resisting properties of the local tissues of hernia.

THE PELVIC VISCERA HAVE MECHANICAL RELATIONS IDENTICAL WITH THOSE OF THE LOWER PART OF THE ABDOMEN.

The beneficent application of the principles inculcated in the foregoing pages is by no means confined to hernia. The same facts appertain to the pelvis and its contents; the same causes are equally productive of morbid effects therein; and these effects, comprising a long series of derivative, objective and subjective phenomena, are remedied by adaptations of similar mechanico-physiological processes. The mystery with which the affections of the pelvic contents have apparently been enshrouded, is now practically laid bare; the patient as well as the physician has a remedy of unquestionable service and value at his command.

The inferior boundary of the abdomen is the pelvis, just as the hernial region of the abdominal wall is its anterio-inferior boundary. The spaces of the two cavities communicate; the contents of the two cavities are in mechanical juxtaposition; and therefore of necessity subject to same mechanical influences and impressions from whatever source.

The whole of the connective visceral mass occupying both cavities, or, more intelligibly, both departments of one cavity, is mechanically, the "sport of

circumstances," subject to the control of dominating parts, the physiological method of which has been explained. The segments of this connected viscera have not the least power of self-sustentation or of self-restitution. Their dislocations and their deformities are not self-inflicted, but due to dominating mechanical force; their restorations, if ever effected, must be wrought by the more beneficent, because more wholesomely-guided effects of the same cause.

The mechanical obtrusion of the abdominal upon the pelvic viscera is easily conceivable; the more so when nothing conceivable prevents it, which is the case in proportion as physiological sustentation is diminished.

The broad opening of the superior tract of the pelvis offers an area rivaling the hernial region for its exposure to the consequences of uncontrolled and unintermittent gravitation, reinforced as it usually is by other forces or causes of compression. The intrusion of these overlying abdominal contents into the pelvis is possible only by mechanically crowding, displacing and deforming the pelvic viscera, and forcing these, in any and all the varied ways possible, into abnormal relations. The inevitable mechanical necessity of the operation of this cause is the mechanical yielding of the helpless pelvic viscera. The local protection afforded by attachments of these viscera to the rigid pelvic walls is such that this yielding is usually by segments, and the special form assumed is determined by local and often transient circumstances, which have not the least influence on the general principles, and to which less consideration is due, in a therapeutic aspect, than is generally accorded.

From the above view of the subject it will be understood that the mechanical correlation of hernial protrusion, when operative in the pelvis is, if the term may for the purpose of illustration be allowed, *interior protrusion*, which becomes significant only by mechanical effects on some portion of the pelvic viscera, corresponding to the exterior manifestation of hernia.

The pathological consequences of unsustained and unintermittent compression of the contents of the pelvis, may be considered in two ways; the primary or mechanical, and the secondary or derivative, and are best considered in connection with the separate organs affected.

The pelvis in men contains the rectum, which is the last segment of the digestive tube, and the bladder with certain appendages; in women there is the addition of the generative intestine, consisting of the vagina, the ovaries, the Fallopian tubes and the uterus. These are the organs exposed to the consequences of unintermittent compression, from defective mechanico-physiological sustentation.

When the rectum fails to be sustained by its sphincter, which is a case comparatively infrequent, it of necessity becomes prolapsed; it is pushed through and bulges outward. These cases are clearly not amenable to any other treatment than that pointed out by the author. It was the opportunity for study afforded by an aggravated case of this kind, and the immediate, perfect and permanent cure which resulted from such study, that was the initial step in the development of the branch of remedial practice herein presented, and first published in the author's work entitled "Diseases of Women."

These principles therein set forth, as herein applied to another form of the effects of the same cause, have been too frequently and thoroughly proved efficacious in practice to admit of further question as to value, and too open for disproof not to have received it, if this were possible.

Far more frequently the rectal consequences of the causes explained are interior, and therefore invisible, and liable to suffer from the wild and misleading conjectures of physicians who have failed to acquaint themselves with the facts herein developed. One of the consequences of unintermitting compression of the rectum is *inertia*, its muscles are thinned and inactive, and the rectal pouch becomes often enormously distended; and the nerves, suffering from the same cause, fail to excite reflex action by the presence of residual or fæcal matter. The rectum is flattened, pushed aside, and its folds exaggerated, thus adding to the mechanical difficulties of its function. The irrelevancy of aperients, which by no possibility can contribute anything even to ameliorate the actual cause, is apparent. Still there are invalids who know no other way than to torture the whole digestive apparatus and its appendages to secure the effects due from the proper extension of the natural rhythm to the pelvic contents.

Another almost universal consequence of unintermitting gravitation is manifested in the circulatory system. The blood fails to return from the rectal and indeed the pelvic vessels, on account of the absence of the usual *cause* of such return. The obstructed flow produces distention of the minutest capillaries of the rectal vessels, which often increases to enormous proportions. This is piles. The victim of these effects usually also becomes the victim of some so-called medical recourse which has no relation whatever to the cause of these blood tumors; and the local insensibility, and often the local destruction, of the distended blood vessels is, with child-like credulity, accepted as the cure, to which in reality it has not the least philosophical relation.

—Dr. F. C. Vandervort says that one drachm of pure *alcohol* injected into a hydrocele sac after tapping and left in the sac, is better than *tincture of iodine*, and more certain as a curative measure.

CLINIQUE.

FOURTEEN CONSECUTIVE OVARIOTOMIES.

Third Series.

BY PROF. WM. TOD HELMUTH, M.D., NEW YORK.

FROM January 15, 1882, to January 15, 1884, I performed my third series of consecutive completed ovariotomies (of fourteen cases each) with four deaths.

During this time I also opened the abdomen once as a diagnostic measure, finding an encysted peritoneal dropsy. In this case, the intestines were matted together to such a degree that I could not find the right ovary, the left being detected, but being very firmly fixed. The woman recovered and was afterward tapped. In another case of doubtful diagnosis, I opened the abdomen and found a large pyo-salpynx; the pus was evacuated, the cavity washed out with a warm *carbolic acid* solution (1-200), twice a day, and the patient recovered. The following is a brief record of the pertinent points of the cases:

CASE I.—Aged 33. Unmarried; double ovariotomy; drainage; pedicles ligated with gut. Suppuration from left stump. Washed cavity with solution *carbolic acid*. Recovered. Operation January 15, 1882.

CASE II.—Aged 27. Married; no children. Both ovaries removed (cystoma ovarii papillare). Clamped pedicles, then ligated with carbolized silk; removed clamp; applied Paquelin's cautery. Drainage tube employed. Recovered. Operation performed February 17, 1882.

CASE III.—Aged 41. Married. Right ovary removed; many but not dense adhesions, especially posteriorly; multilocular colloid cyst. Clamp, ligature and Paquelin's cautery; the clamp removed and pedicle dropped back. Recovery, with severe cystitis. Operation March 28, 1882.

CASE IV.—Aged 25. Married; one child. Monocyst (?) of left ovary. No adhesions; no drainage tube; pedicle treated as above; tumor weighed 28 pounds. Recovery. Operation May 10, 1882.

CASE V.—Aged 53. Unmarried. Colloid multilocular cyst of left ovary; many, dense and very vascular adhesions; stuck everywhere. Tied adhesions with carbolized gut. Pedicle clamped first, tied above clamp in three sections with silk; seared with the cautery, as were many of the adhesions. Drainage tube. Died of peritonitis on third day. Weight 32 pounds. Operation June 13, 1882.

CASE VI.—Aged 55. Unmarried. Right ovary removed. Anterior parieties of tumor adherent to peritoneum, and was with much difficulty separated. Numerous omental adhesions. Multilocular colloid cyst; semi-solid. Pedicle treated as above; drainage tube used. Died of peritonitis on the fifth day. Operation November 4, 1882.

CASE VII.—Aged 31. Unmarried. Left ovary removed. Pedicle treated as above; few adhesions; no drainage tube. Jaundice on third day, from a violent fit of anger. Weight of tumor 24 pounds. Operation December 29, 1882. Recovery.

CASE VIII.—Aged 33. Married; one child. Multilocular colloid cyst, thin walls; vascular adhesions. On the evening of the fifth day, chills and sweats. Septicæmia. Pulse 130; temperature 103½°. *Phenic acid* nascent, in 60 minim doses, hypodermically; the cold coil. *Aconite* and *belladonna*, together with abdominal washings twice daily, cured the patient. Drainage tube removed the eleventh day. Weight of tumor 25½ pounds. Recovered. Operation May 23, 1883. Left ovary removed.

CASE IX.—Aged 43. Married; fourteen children, and tumor thirteen years old. Enormous distention of abdomen; unable to sit up for over a year before I saw her, and could keep no food whatever upon the stomach. Multilocular colloid cyst, containing fluids of many colors and varied consistency. Adhesions everywhere; left ovary; prolonged operation. Drainage tube used. *Weight of tumor ninety-eight pounds.* Died from asthenia on the third day. Operation May 26, 1883.

CASE X.—Aged 22. Unmarried. Suffering from malarial fever; colloid right ovary. Drainage tube used. Septicæmia on the fifth day. Weight of tumor 35 pounds. Operation June 25, 1883. Pulse never below 130. Temperature 102½° at the time of operation. Died the eleventh day of typho-malarial fever.

CASE XI.—Aged 63. Married; four children. Solid tumor; long incision; many and dense posterior and lateral adhesions; left ovary; tied pedicle with the Staffordshire knot and seared the stump with Paquelin's cautery; drainage tube. Operation August 18, 1883. Recovered.

CASE XII.—Aged 40. Married; two children; one severe miscarriage. Tumor aspirated in July, 1883. Parovarian cyst, right side; weighed ten pounds; no drainage. Employed the Staffordshire knot and cautery for pedicle. Recovery. Operation October 4, 1883.

CASE XIII.—Aged 26. Unmarried. Parovarian cyst, right side; tumor tapped five years before. Staffordshire knot. Recovery. Weight of tumor 14 pounds. Operation October 30, 1883.

CASE XIV.—Aged 50. Married; two children. Last delivery fifteen years ago; tumor growing for nine years; broad pedicle tied in two sections with Staffordshire knot, then cauterized; drainage tube

used for eight days. Weight of tumor 39 pounds. Recovery. Operation January 11, 1884.

It will be seen from the above brief record, that of the fourteen cases, two only were double ovariotomies; in one of these both sacs had ruptured and the papillary growths had developed into large tumors (*cystoma ovarii papillare* of Waldeyer), and in the other the left ovary was multilocular, and the right monocystic, that is speaking in a general way, for I am aware that both Drs. Tait, De Sinéty, and Melassez, and others, deny the existence of unilocular cysts.

There were two parovarian tumors, one occurring in a married lady, the other in a single woman aged 26 years. Both had been previously tapped. Of the fourteen cases, the age of the youngest was 22 years, that of the eldest 63.

There were married eight, unmarried six cases. The right ovary was removed five times, the left seven times. Both the parovarian tumors were of the right side.

In nine cases the drainage tube was used.

The fluid removed from all the ovarian tumors showed Drysdale's and Bennett's corpuscles and columnar epithelia; that from the cysts of the broad ligament was limpid and microscopically *nil*.

In the last seven cases the "mixed anæsthesia" was employed. Thirty minutes before the operation a solution of $\frac{1}{6}$ grain of *morphia* with $\frac{1}{100}$ grain of *atropine* was hypodermically given, thus requiring less *ether*, and producing sleep *after* the operation, besides ameliorating many symptoms of collapse.

In case VII. the jaundice was caused by a violent paroxysm of anger, the patient being incensed with the nurse, got out of her bed on a cold night (the third after the operation) and walked across the room before she could be prevented, and was with difficulty restrained and put to bed.

In two or three of the earlier cases *carbolic spray* from a Wier's apparatus was employed, but the vapor was afterward used in every instance.

All other antiseptic precautions were taken in every case.

The intra-peritonæal dealing with the pedicle was adopted in all the cases, but in XI., XII., XIII., XIV. the Staffordshire knot and cautery were used.

Case IX. was rather remarkable for the size of the tumor, the number of children the patient had borne, the number of cysts and the great variety of colors presented by the fluids evacuated.

Case X. I have reported as a death, although the post-mortem revealed a completely successful ovariotomy, the peritoneum was healthy, the stump covered with a healthy fibrinous deposit, and the abdominal wound healed.

I may say here that I have never refused to operate in cases of ovarian cystoma, save once, and then I went one hundred miles expecting to remove an enormous tumor, but found the patient dying on my arrival.

A REMARKABLE CASE: ABSCESS OF THE BRAIN, WITHOUT SYMPTOMS.

By W. Storm White, M. D.,

Pathologist to the Ward's Island Hospital.

The following case is interesting for several reasons, chief among which is that a very extensive lesion may be not only tolerated by the brain in certain locations in the cerebral substance, but may present no objective or subjective symptoms from which its existence can be ascertained during life. From the history of the case, kindly furnished by Dr. J. Richey Horner, House Surgeon to the Hospital, we learn that the patient, P. J., was admitted April 3, 1884, suffering from facial erysipelas. He stated that he had fallen down, several days previously, striking on his forehead and producing the wound noted in the autopsy. No brain symptoms developed until May 23, when he had an epileptiform attack, and soon passed into a comatose condition, with paralysis of the sphincters, partial contraction of the muscles of the limbs, contraction of the pupil, pulse small, quick and occasionally intermittent; swallowed easily till within a few minutes before his death, which took place on May 25. The functions of the body were not interfered with until the comatose condition appeared.

Autopsy: Held at five P. M., May 26, P. J——, æt. 54; Ireland; height five feet seven and one-half inches; head 23 inches; chest 35 inches; abdomen 33 inches; body well nourished and rigor mortis marked; wound on the forehead noted particularly below.

Heart: Slight thickening of the cusps of the aortic, mitral and tricuspid valves, with atrophy and perforation of one cusp of the latter. Endocarditis, intense on the left side, but not so marked on the right. Acute myolitis, especially of the left side.

Aorta: Acute and old endoarteritis.

Lungs: Passive congestion of lower lobes of both lungs, and purulent bronchitis of the upper lobe of the right.

Spleen: One and one-half ounces; congested and friable.

The remaining organs, normal.

Head: Just below the edge of the hair, and slightly to the right of the median line of the forehead, was an abrasion as large as a five cent piece, circular in form, and extending through the scalp into the skull. There was complete necrosis of this portion of the external plate and the formation of a sequestrum, which

appeared as if about being cast off. The internal plate was intact. No other abrasions discovered externally.

Dura mater: Thickened throughout its superior, lateral and anterior aspects. Discolorations and cicatrices pointing to an old pachymenengitis.

Arachnoid spaces: Normal, except at the base of the brain, where they were implicated in the general effusion noted below.

Pia mater: Normal on the superior surface of the brain. From a point over two fistulous openings in the superior and anterior portions of the right anterior lobe, over the anterior and inferior portions of that hemisphere and the inferior of the left, the pia mater was separated up from the convolutions by a large quantity of pus and sanguineo-serous fluid, which had collected in large quantity at the base of the brain and surrounded the medulla oblongata.

Brain: In the most anterior portion of the *gyrus frontalis medius*, of the right side, was a fistulous opening into an abscess the size of a hen's egg in the anterior lobe of the right hemisphere. At a point about an inch above, and posterior to this opening, was another of the same character and leading into the same cavity. The first one exactly coincided in location with the abrasion on the forehead. The abscess, reached by passing the index finger through either of these openings, was evidently of no very recent formation, as its walls were semi-formed, and presented well-marked granulations and granulation tissue; were exceedingly vascular, and between the granulations showed a background of a dirty dull grayish or brownish gray color. The cerebral substance surrounding this abscess, and external to its membrane, was softened for about a quarter of an inch in all directions, except superiorly, where it extended through the gray substance. The abscess also opened directly into the anterior cornus of the right lateral ventricle, discharging pus and sanguineo-serous fluid into its cavity, which finally reached the lateral ventricle of the opposite side by means of the foramen of Monroe The choroid plexuses of the lateral and fourth ventricles intensely congested. The lateral ventricles otherwise normal. The third and fifth normal. The fourth showed considerable congestion of the structures forming its floor.

The white substance throughout the cerebrum somewhat congested. No other lesion of the cerebrum to be discovered.

Cerebellum: Normal.

Cause of death: Abscess of the brain from concussion, resulting from traumatism, with escape of pus and sanguineo-serous fluid into the lateral ventricles and around the structures at the base of the brain, followed by coma and death.

As stated in the history, it was only about two days before death that the brain-symptoms became developed. The pathology in the case can be briefly stated thus: The injury to the cutaneous surface and skull was the result of a direct traumatism, and presented merely the phenomena of necrosis, going on to the formation of a sequestrum in the process of resolution.

The concussion resulting from the blow produced, secondarily, an inflammatory action in the brain substance, resulting in the breaking down of the cerebral tissue, and the formation of an abscess. The autopsy proved conclusively that this was not of very recent formation. It was going on rapidly to encystment, when it broke through its walls and discharged both into the lateral ventricle and beneath the pia mater. This was of very recent occurrence and probably took place but a short time before death, being marked by the advent of coma. This is all the more apparent, when we consider that there were none of those destructive or other pathological changes produced on the substance of the brain that would naturally exist had it been for a longer time in direct contact with the purulent matter discharged from the abscess. The absence of fever, etc., pointing to a pyæmic condition is easily explained by the encysted condition having prevented absorption of the pus, and thereby served to preserve and protect the rest of the brain and the general system. From some cause, this abscess ruptures, and the symptoms of an apoplexy result, due to the discharge of a large amount of fluid into the ventricles and around the base of the brain.

DR. RING'S CORRECTION.

DR. RING desires us to correct his article published in our last on "Dissecting Aneurism," where it reads "Prof. Dowling saw the patient and expressed the opinion that he was suffering from 'Painter's Colic,'" as follows: "It looks like a case of lead colic, but in the absence of physical signs, I am unable to make a diagnosis." The discrepancy in this case was occasioned by inaccuracy in the use of language by Dr. Ring's reporter.

Prof. Dowling's standing as a diagnostician is such that we feel sure no harm will accrue to him from this misstatement, but we are glad to make the correction, that he may stand justified on our record.

SUGAR AS FOOD.—The *Deutsch-Amerikanische Apotheker Zeitung* (December 1, 1883), gives a note by Dr. Phipson, on sugar as a regular article of diet. Dr. Phipson very sensibly opposes the general prejudice against sugar. He declares that he has, during forty years, eaten very largely of it, at least a quarter of a pound daily, not counting the sugar-forming substances taken at the same time. During all this time he has not been under the necessity of taking medicine, and has not suffered from any complaint, except brief attacks which could be traced to irregularities in eating or in dress. He declares that the condition of men would be much improved if the use of sugar should substitute that of alcohol.

XUM

The New York Medical Times.

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WM. B. WOOD, M.D., *Business Manager.*

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

Our practice is *not* "based on an exclusive dogma, to the *rejection* of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

ASHAMED OF A NAME.

AN esteemed correspondent, referring to our position of changing our sectarian flag, without sacrificing or yielding one particle of the great principle of therapeutics for which we have so long contended, to one more appropriate, more honest, and giving us a broader and fuller liberty, *that of physicians*, asks us if we are ashamed of the name of homœopathy. Our belief in the distinctive principle of homœopathy dates back to a time when to profess a belief in it was to expose one, not only to the ridicule and contempt of old friends and associates, but to misrepresentation and persecution. Now that the principle has changed the practice of the world, now that it is being admitted by the best thinkers of all schools, and absorbed into their writings and their practice, we can see no reason why it should be put forward on all occasions as the watchword of a school which should be and is, in nine-tenths of its practitioners, catholic in belief and practice. More than this, the name is now used to push forward and cover theories and practices contrary in our estimation to science, to good judgment, and common sense. The good suffers from its association with the absurd, the ridiculous, and the bad. Progress is retarded, science burlesqued, and the ears of the public filled with the reiteration in books and college teachings of transcendental nonsense, of which any decent insane asylum would be ashamed. And homœopathy gets the credit of all these absurdities.

"O liberty, liberty, how many crimes are committed in thy name!" was the almost despairing cry of Madame Roland, one of the noblest and finest spirits in France, as, during the wild turmoil of the French revolution, she mounted the tumbril for her ride to the guillotine. Ashamed of homœopathy! No more than Madame Roland was ashamed of liberty; but ashamed of the false reasoning, the absurdities and the follies for which homœopathy is wrongly held responsible.

ALCOHOL AND TOBACCO.

IF me were asked what two vices were the most to be guarded against, among our American people, for their effects upon mind and body, and their war upon the finer elements of social life, we should unhesitatingly say, tobacco and alcohol!

We should place tobacco first, because its use and abuse are almost universal, and nowhere in the world more so than in so-called good society among our American people. The tobacco smoker and tobacco chewer seems to be perfectly oblivious to the rights of any one, or the comfort of any one but himself, if he can enjoy, no matter the time or place, his chew or smoke. So much of a slave is he to his vice, which becomes not only a vice, but a vulgar and detestable one from abuse, warring against every principle of good breeding, that he puffs his smoke not only in the face of the public on the street, but in that of the lady he is walking with—wife, mother, sister, sweetheart or friend. A car has to be appropriated to his sole use on almost every train; cards placed upon the deck of steamboats requesting him not to smoke in such and such places, to which, however, he generally pays no attention; and in the halls and elevators of hotels *gentlemen* are requested not to smoke or spit. Men who pride themselves upon being gentlemen, who would be offended if the name were denied them, know so little about the meaning of the word, that they can only be held to even a partial observance of its spirit by the strong hand of power.

This vice, it seems to us, is becoming more and more a national vice, stamping with its filthy imprint our national character, demoralizing our young men, shattering their nervous systems and making them old in their youth. The evidence of almost every physician in the land, if he is a careful observer and

speaks out his convictions, is that a large amount of the nervous troubles among young men, the palpitation of the heart, the gastric derangements, the throat and chest affections, are produced either directly or indirectly, by the drug action of tobacco.

Need we wonder at this? Is it not a wonder rather that any one can stand the constant action of a drug so potent, so powerful as nicotine? However valuable the drug may be as a medicine, there is none so liable to abuse, and none which should be used with more caution.

We know of no more lamentable confession of mental and physical weakness than that of the young man who insists upon the need of wine or tobacco to keep up his strength, to quiet his nervous system, and to enable him to perform his tasks.

It is said of the two professions, medicine and theology, that the latter preach and the other practice. It would be better for the public and themselves if both made their practice correspond with their preaching. Go into a minister's study, and in nine cases out of ten you will find him either puffing a cigar, or the books and walls smelling strong of tobacco. His sermons, half the time, are written under the influence of nicotine, and perhaps this is one reason why they are apt to produce so little effect.

Physicians, in their medical gatherings, if they partake at all of a social character, can hardly wait until the business and scientific part of the meeting is over before the cigar is lighted, and the dinner, of course, must have its variety of wines. Not always, however, do the cigars and wines play an important part, for sometimes physicians meet in earnest scientific and practical discussion, followed by pleasant social festivities, where there is no smell of tobacco and no clinking of wine glasses.

It was out pleasure, the other day, to attend a meeting of a large county medical society, at the house of a prominent and successful physician. The discussion of medical matters was earnest and intelligent, the dinner table most artistically arranged, the food exquisitely prepared, and the service excellent. Cigars and wines there were none, and no one felt the need of them. Everything seemed to us in excellent keeping; physicians, scientific men, gentlemen, discussing the great questions of public health, practicing in their social life what they preached. *Go thou and do likewise.*

IMPORTANT TO VACCINATORS.

THE Local Government Board of England, has published the official records of Dr. Cory's experiments in vaccinating himself with the lymph from the arms of syphilitic children. Dr. Cory succeeded in inoculating himself with syphilis, using the *pure lymph without any blood.* His experiments conclusively prove, in the opinion of a committee appointed to examine them, and composed of Drs. Bristowe, Humphrey, Ballard and Hutchinson, "that it is possible for syphilis to be communicated in vaccination from a vaccine-vesicle on a syphilitic person, even if the operation is performed with sufficient care to avoid the admixture of blood. The *Medical Record* justly says, "the result of Dr. Cory's experiments are important and should be widely known, for if the lymph of a syphilitic is the bearer of contagion at one time it may be at another, even though there may be an entire absence of cutaneous lesions." One such well-attested fact as that established by Dr. Cory in his own person, counterbalances any theory to the contrary which can be advanced, and proves there is always danger in humanized virus, for if one disease can taint apparently pure vaccine lymph, many other diseases can also be communicated in the same manner. The London *Lancet,* in a recent issue, publishes the report of a large small-pox hospital, in which the disease is never communicated to the attendants, owing to the rule in the hospital of frequent revaccinations. These two statements conclusively show that vaccination, properly performed and with sufficient frequency, is a positive preventive of small-pox, and that the use of humanized lymph is always attended with more or less danger.

VALUE OF SMALL REPEATED DOSES.

WE are glad to observe that our esteemed contemporary, the *New England Medical Monthly,* has seized the "reform," as he deigns to call it, of the "value of small repeated doses."

Why science or art should be governed by "fashion," as our colleague claims "that we administer our remedies" in accordance with, we fail to see, on the contrary, there are the best of reasons why they should not be thus influenced.

It is a fact, nevertheless, that drugs come and go

as the fashions, and this shows a joint loose somewhere in the science of our therapeutics.

Our colleague is right, as far as he goes, when he asserts that "there are certain drugs which seem to meet opposite indications," and we would add, *by varying the dose.*

So far as we can see, our platforms are in common, as to the recognition of the effects of drugs in different doses, and now, if our friend will pay attention to the indications which shall govern the selection of the remedy, he will discover a mine worthy of his research, and he will not find it necessary to change his therapeutic measures with the fashion.

There are certain positive effects of drugs which all should be familiar with, and these will lead us to that exactness in selection which is necessary to the action required.

The precise limit, either way, in which drugs can be administered to advantage has not been fixed upon, and it is safe to assert that these points will be found to vary much with different individuals. No one would expect the narcotic effects of opium from an infinitesimal dose, neither can we expect certain other effects, such as the relief of constipation, for instance, from massive doses, and the indications for the selection in each case would be opposite in character.

Our editorial friend evidently appreciates this point when he writes, "a small dose of Fowler's solution or of ipecac will relieve nausea, a still larger dose is applicable to another distinct class of symptoms, while an excessive quantity will produce emesis."

There is evidently much in common in the field of therapeutics, and we should be willing to insist only upon such statements as the majority can agree upon. Let us then interchange our views with courtesy and candor, for the purpose of mutual improvement, and for such as accept this position in sincerity, cease dubbing them as irregulars, or as belonging to a particular sect, then shall we become real co-workers in a common cause.

M. PASTEUR vs. HYDROPHOBIA.

THE eminent *savant*, M. Pasteur, after four years' experimenting, proclaims that "Whoever gets bitten by a mad dog has only to submit to my three little inoculations and he need not have the slightest fear of hydrophobia."

In explanation of this statement, Pasteur says, "I found out, in the first place, that the *virus rabique* loses its intensity by transmission to certain animals and increases its intensity by transmission to other animals. With the rabbit, for instance, the *virus rabique* increases; with the monkey it decreases. My method was as follows: I took the virus direct from the brain of a dog that had died from acute hydrophobia. With this virus I inoculated a monkey, which died.

"Then with the virus—already weakened in intensity—taken from this monkey I inoculated a second monkey. Then with the virus taken from the second monkey I inoculated a third monkey, and so on until I obtained a virus so weak as to be almost harmless. Then with this almost harmless virus I inoculated a rabbit, the virus being at once increased in intensity.

"Then with the virus from the first rabbit I inoculated a second rabbit, and there was another increase in the intensity of the virus. Then with the virus of the second rabbit I inoculated a third rabbit, then a fourth, until the virus had regained its maximum intensity. Thus I obtained virus of different degrees of power. I then took a dog and inoculated him, first with the weakest virus from the rabbit, then with the virus from the second rabbit, and finally with the rabbit virus of maximum intensity. After a few days more I inoculated the dog with virus taken directly from the brain of a dog that had just died of acute madness. The dog upon which I had experimented proved completely insusceptible to hydrophobia The experiment was frequently repeated, always with the same successful result.

"But my discovery does not end here. I took two dogs and inoculated them both with virus taken directly from a dog that had just died of acute hydrophobia. I let one of my two dogs thus inoculated alone, and he went mad and died of acute hydrophobia. I subjected the second dog to my treatment, giving him the three rabbit inoculations, beginning with the weakest and ending with the strongest. This second dog was completely cured, or rather became completely insusceptible to hydrophobia."

BIBLIOGRAPHICAL.

CLINICAL LECTURES ON MENTAL DISEASE. By T. S. Clouston, M. D., F.R.C.P.E., to which is added an abstract of the Statutes of the several States and Territories, relating to the custody of the Insane. By Charles F. Folsom, M. D., Philadelphia. Henry C. Lea's Sons & Co., 1884.

We are very glad to see the lectures of the distinguished teacher of mental diseases, in the University of Edinburgh, which have been received with marked favor on the other side of the water, re-published here. The two hundred and sixty cases of mental diseases described in these lectures, and which include almost every variety of insanity, have been selected more especially as good, ordinary types and guides, rather than from any striking rarity of their character. The author's style is clear and compact, and each variety of disease is illustrated by one or more clinical case. This form of teaching more readily impresses distinctive facts on the mind, than any amount of elaborate description. The work is illustrated by eight elegant colored lithographic plates of various pathological changes in the brain.

MEDICAL GERMAN.—A manual for physicians with their German patients, and reading German Literature. By Solomon Deutsch, A.M., Ph.D. New York, J. H. Vail & Co., 21 Astor Place, 1884.

The text is separated into two marked division. The first with its numerous sub-divisions, gives an extenisve but diversified collection of phrases and words, that pertain directly or indirectly to the science and practice of medicine. The second

division consists of conversations supposed to be held with patients. The German and English indexes contain about 14,000 words. The author has had the assistance of several able physicians, and has given the public a work clear, intelligent, and of great value.

TRAITÉ ÉLÉMENTAIRE DE MATIÈRE MÉDICALE EXPÉRIMENTALE ET DE THERAPEUTIQUE POSITIVE. Par le Dr. P. Jousset. Tome II. Paris. J. B. Baillière et Fils, 1884.

Dr. Jousset has been assisted in this work by Drs. Bon, Claude, Gabalda, Guerin, Méneville, M. Jousset, Piedvache and J. P Tessier, all well-known names in our school in France. The complete work occupies over 900 pages, and gives a review of 210 remedies; fifty-seven pages are devoted to a repertory. The author's aim has been to unite the analytical method of Jahr, with the synthetical of Hughes. The toxicological, physiological and therapeutic actions of the drugs are given in successive order, and in general results bear a strong resemblance to the materia medica of Hempel and Arndt. The chapters are complementary to and confirm the pathogeneses of Hahnemann. Although the work is entitled "positive therapeutics," we see no reason to suppose it will present any hindrance to the proper understanding and application of the homœopathic remedy, in the hands of the thoughtful practitioner. It does not do away with the use of our own works on symptomatology, but acts as a handmaid to them. Personally we have derived more benefit in the study of materia medica from such works as the one under discussion, than from the memorizing efforts required by the majority of the works, which present our remedies in the usual symptomatological schema.

Some few typographical errors appear, and many of the contracted forms of the remedies differ from those usually employed.

The work as a whole we can endorse, and it will no doubt prove of great value to those familiar with the French language.

HEALTH HINTS FOR TRAVELERS.—By John C. Sundberg, M. D. D. G. Brinton, Phila., 1884. Pp. 61, 12 mo.

NORTH AMERICAN REVIEW.—The July number contains an article by Judge R. C. Pitman, discussing and suggesting improvements in the existing jury system, by which justice often miscarries.

Prof. Denslow exposes the protection theory; Judge Noah Davis writes of "Marriage and Divorce;" Dr. Bender of the "Annexation of Canada;" Prof. Means, an argument against government telegraphy, and there is a symposium on the "Future of the Negro" by several able writers. The articles are all up to the usual standard of this popular periodical.

THE JULY CENTURY, for its frontispiece, gives an engraving from a full-length photograph of the great English radical, John Bright.

The number is filled as usual with most interesting reading, even for the heated term which is upon us.

THE INTERNATIONAL CONGRESS.—Judging from the distinguished men who have promised to send papers to, and join in the discussions of the International Congress at Copenhagen, Aug. 10th to 16th, the occasion will be one of marked scientific interest. At the general meeting addresses will be delivered by Virchow, Pasteur, Sir William Gull, Omdeli, Verneuil and Panum, men accustomed to deal more with practical facts than theories. In the various sections we observe the names of distinguished men from almost every nation in Europe, as skilled writers and close thinkers, of world-wide reputation. The official languages of the Congress are, German, French and English.

CORRESPONDENCE.

OUR INSTITUTE LETTER.

Another annual session of the American Institute of Homœopathy has been held, and we trust we shall not be charged with any unworthy motives, if we stop a moment and inquire into the results. After a successful lobbying, aided by the glamour of "low everything," the B. & O. Railroad secured the American Institute as an advertising medium. It is an old saying, "see Venice and die," but in this connection we would say, see the picturesque scenery of the B. & O. Railroad, and then forever shun the line. The mountain ride will, with the above proviso, well repay the unnecessary annoyances inflicted by showers of cinders and continuous joltings. The location selected, Deer Park, was recommended for its salubrity, beautiful surroundings, drives, and the ample accommodations of its hotel.

As a matter of fact many of the members were sick during their entire stay, the hotel was exposed to the rays of the sun for a large portion of each day, the drives(?) consisted of one along the mountain's edge, while less than four-hundred guests overcrowded the hotel, so that a large number had to seek accommodations in sleeping coaches, side tracked by the hotel. All for $2.50 a day, "no charge for lodging being made for those who slept out of doors." A "lunch," and no supper on Thursday, enabled the management to tender a banquet to the members and their friends, which was in itself no more than a dinner should have been, except that the bill of fare proved a convenient mode of calling attention to the "great solid train system," and a "flow of soul" seasoned the viands. We hope that if there were any who received passes and free lodgings as a token of appreciation for services rendered to the management, they felt amply repaid in comparison with the disappointments which the others who were present experienced. There is no loss, however, without some small gain, and the want of outside attractions compelled the members to attend the sessions, and thus added very much to the interest of the meetings.

The bureaus presented reports more or less over-stocked in the number of papers. Those so placed in order that they reported first, absorbed the time belonging to others; and as in former years, reports were hurried over or postponed in the order of business, until patience on the part of the chairman ceased to be a virtue. Every year workers are dropping out of line for no other reason than the fact that papers, carefully prepared, do not receive the courteous attention which they deserve. This will always be so as long as the Institute expects to cover the whole field of medicine in a three days' session.

The chief interest of the members was centered, we think, upon the report of the Bureau of Materia Medica. After several years' work on the part of the chairman the bureau was finally enabled to present a series of working rules which every member present, with one notable exception, was willing to accept. It seems singular to us that so many of those who prescribe, and believe in the efficacy of the high dilutions, should oppose or stand aloof from this attempt at a revision, which seems so necessary to the great mass of our school. Certainly they ought to be willing to go with the great majority so far as to accept results from tangible doses of medicine, and then if they wish to go further in their pathogenetic and

clinical verifications with the higher attenuations, who will say them nay? But first let us have a purification, and then the clinical development will come in due time. The plans are now laid down for work, and under the able administration and supervision of Drs. Hughes and Dake, and their associates, we predict a result which will prove most acceptable to the great body of the profession. The resolution pledging the Institute to a copy of the first issue for each of its members, was a piece of hasty legislation which may sooner or later bring trouble to the financial honor of the Institute.

The paper by Dr. Gregg on Bacteria, or rather "no bacteria," was severely criticized, and strenuous objections urged against its acceptance.

The Bureau of Pharmacology presented a report similar to the one of last year, on the impurities of sugar of milk.

How can we bring out the best work? is a question often asked. We would reply, by the recognition of some of the younger men by the chairmen of bureaus, which belong by right and courtesy to the veterans in the service, and again by cutting down the order of business nearly one-half.

Materia medica and therapeutics being the special objects of our Institute—although they are two subjects but lightly touched on, at our present gatherings—we would have the bureaux of materia medica and clinical medicine report each year, making an equal division of the remaining bureaus, to report each alternate year. By clinical medicine we mean all that the words imply, and not a report simply on the practice of medicine. There is no reason why the bureaus of anatomy, pharmæcology, microscopy, etc., need to report every year on account of any marked advancement, during that year, in these particular branches. We would limit the number of papers and the time so that ample opportunity might be given for discussions. We think a plan modeled somewhat on the above principle would bring out practical results. It goes for the saying, that if the Institute wants its work to appear in a volume composed of text-book articles, the present plan is the very best that can be devised. The great trouble has been that the Institute has allowed each and every rule laid down for the proper carrying on of scientific work, to be set aside at the pleasure of chairmen of bureaus, without a single remonstrance.

The meeting just closed was in its social aspect a marked success, but was sadly wanting, as we have intimated, in practical results.

The elections resulted in single nominations and a unanimous vote. The objections to the casting of the formal vote by one authorized by the Institute, is that many are shut off from expressing a choice with the ballot, where open opposition would incur the charge of a personal animus.

We therefore prefer, in such cases, a test vote, without nominations, the one receiving a majority of the votes being selected as the candidate for the office.

We trust the Institute will not be led again into advertising a railroad and its hotel, through its selection of a place of meeting, and reports of special committees on sanitary inspection.

We would also urge the Committee of Arrangements for the coming year to engage the best hotels in the city, at their regular rates, and then we shall not be the victims, as we have been so often in the past, of scanty accommodations for lowered rates.

T. M. S.

Alcohol in Trichinosis. — A severe case of trichinosis, in which the only treatment was the administration of alcohol in full doses, is reported by Dr. D. Vincente Ferrer (*Gaceta de los Hospitales, Valencia*). The patient is stated to have been quite well eighteen days after alcohol treatment commenced.

OUR SOUTHERN LETTER.

Messrs. Editors:—With kind permission, I wish to say a few words about Alabama and the South, as related to homœopathy.

I desire to advertise our section as a location for our young men, as offering the greatest illustration of substantial development in the history of our country.

The gold and silver interests offered the principal impetus to Western emigration, the iron and cotton manufacturing interests occupy now a similar position in the South. Gold and silver mines run out, iron and coal mines do not, and it will be a cold day when Southern soil won't grow cotton.

A well known Nevada city once contained thirty-five thousand people; she now harbors one-tenth as many idle souls, and whole blocks of massive houses are being taken to pieces and put up elsewhere, and all because the silver mines went dry. Who ever heard of a similar fate overtaking an iron or cotton manufacturing city? The Lord knows that the precious metals are but the play-things of man, while the staples alluded to are necessities of our life; the inference is obvious.

I doubt not that if old Horace Greeley could be called from the spirit world, his ghostly index would point as confidently to the sunny southland as it once did to the land of the setting sun. The South is full of embryo manufacturing cities, offering to meritorious young men as fine prospects as did once Nashville offer Dake; Louisville, Breyfogle; Atlanta, Orme; Mobile, Murrell; or New Orleans, Holcombe.

I suppose the last wave of sound brought to the ears of our Northern friends the rumor of a Southern Institute, to be organized at New Orleans during the World's Exposition, under the auspices of the Hahnemann Society of Louisiana.

Such an organization will be the biggest thing for homœopathy that has happened for years. It would advertise the South as a field for young men; it would advertise homœopathy in the South; it would bring her scattered missionaries together in one phalanx, presenting a solid front to the enemy; it would offer needed opportunity for the discussion of Southern diseases and their treatment. Why, no one knows the limit of the good that might be done humanity and homœopathy, during a yellow fever epidemic, if the homœopaths of the South, through a well-organized society, could bear down on the foe in one great body.

Yours in the cause,

A. S. Monroe.

Birmingham, Ala., *May* 28, 1884.

A Definition of Insanity.—It is often difficult to formulate in words an intelligent idea of any subject which is clear in our own minds. Upon the subject of insanity, for instance, no two minds would be likely to give precisely the same definition, and yet all might agree as to the condition and moral responsibility of the individual. One of the best definitions of insanity we have seen is that given by Dr. Carnochan, in his paper recently read before the Medico-Legal Society. "As it regards the definition of insanity, it is necessary to admit that the brain is a complex machine, composed of many parts, through the instrumentality or functionating influence of which all mental phenomena are manifested. With this view of the functions of the brain and of the localization of the organs, it must also be understood that, though all the organs of the brain may be diseased at once, yet that it is quite possible for some organs to be in a diseased or abnormal condition while at the same time others are perfectly healthy. A correct definition of insanity would then be, a morbid condition of a

part of the whole brain, as manifested by correct reasoning from false premises, by incorrect reasoning from correct premises, or by incorrect reasoning from false premises, according to the kind of insanity. In the first case the false premises originate in one part of the brain, which is diseased, while the other part, the reasoning part, is sound, and acting correctly. In the second case, the premises originate in a healthy part of the brain, while the reasoning organs are morbidly affected. In the third case, the part of the brain in which the premises originate, and also the reasoning part, are both morbidly affected by disease."

SOCIETY REPORTS.

AMERICAN INSTITUTE MEETING.

THE forty-first anniversary and thirty-seventh session of the American Institute, was held at Deer Park, Maryland, on June 17th to 21st, with a large attendance. President John C. Sanders in the chair.

The Treasurer reported $98.65 on hand.

The Board of Censors presented a long list of candidates for membership.

Dr. Talbot, of the Bureau of Registration, etc., reported progress; Dr. J. Edwards Smith, of the Bureau of Pharmacology, reported as to "certain preparations," in continuation of the work so ably conducted for several years. It was reported that $380 have been collected for the purposes of this bureau.

The Bureau of Obstetrics reported, through its Chairman, Dr. C. G. Higbee, "Eight Clinical Cases," by the Chairman; "Pathology of Puerperal Eclampsia," by Dr. S. Leavitt; "Medical and Surgical Treatment," by Dr. Spalding; "Sixty-nine Cases of Puerperal Eclampsia," by Dr. Peck; "Prophylactic Medical Treatment," by Dr. Ordway; "Secondary Effects of Eclampsia," by Dr. Chapman; "Prophylactic and Hygienic Treatment," by Dr. Walker; "Treatment of the Lesions Resulting," by Dr. Camphell.

Dr. Higbee said: "In reporting these cases I have not given the pulse and temperature at regular intervals, as it varied so much that we considered it unreliable as a guide in prescribing and valueless as statistical evidence. Of the eight cases treated four were primiparæ, and four had previously had children. Four children were born alive and four were born dead. Five were at or very near full term, and three were premature, being about the fifth or sixth month. Of the sex, seven were males and one female. Six of the mothers survived, and two died.

"In every case the convulsions continued after delivery; in one case only they did not occur until after delivery, and this was the case where the child was a female. There was no unusual hemorrhage in any case.

"Albumen was found in but two cases; in two there was no opportunity to examine for it, and in four cases it was not found, and these four cases were no doubt of reflex origin.

"In three cases the mothers nursed their babes, and in five they could not.

"Of the two cases where the mothers died, one was a premature case of labor, and never was conscious for a moment after she was first taken, and the other was a case at full term where the woman had been delivered by another physician several hours before I saw her, and I succeeded in stopping the spasms, and she was apparently all right until, in my absence, the physician who was first called went in and assumed control, gave her *quinine*, and she soon went into convulsions again and in a few hours died."

SYNOPSIS OF THE PATHOLOGY OF PUERPERAL ECLAMPSIA.

By Sheldon Leavitt, M. D.

Various theories have been advanced, the following being the most prominent:

1. Material change in the nervous centres and their envelopes.
2. Cerebro-spinal congestion.
3. Reflex irritation, proceeding most commonly from the uterus.
4. General anæmia, or cerebral anæmia.
5. Blood-poisoning.

Each of these theories is capable of accounting for a certain number of cases; but it is probable that eclampsia *gravidarum et parturientium* has no uniform pathology.

PATHOLOGICAL ANATOMY.

The anatomical lesions are various, and there is no distinctive pathological anatomy. The lesions are most frequently in the kidneys, but often in the brain, and occasionally in the lungs.

Morbid changes in the kidneys are mainly hyperæmia and slight exudation, and a certain amount of fatty degeneration and atrophy.

Those in the brain are mainly hyperæmia, anæmia, serous effusions in the arachnoid, ventricular hydropsies, and apoplectiform extravasations.

Many careful autopsies by competent men have discovered no lesions whatever.

SYNOPSIS OF DR. GEO. B. PECK'S PAPER ON "SIXTY-NINE CASES OF PUERPERAL ECLAMPSIA."

(*With Notes on Six Rarer Emergencies.*)

"No complication of obstetricy demands careful investigation more emphatically than the convulsive, for of none is less known. Facts adduced for the substantiation of any given theory of origin may be used with even greater force for its demolition. A case may be expected once in every six and a quarter years. In less than one-quarter of the occurrences have they been foreseen. The characteristic intense throbbing headache is its most significant sign. In cases anticipating labor the maternal mortality is 40 and infantile 80 per cent.; in those occurring during labor it is reduced to 26⅔ and 30 per cent. respectively; in post-partum cases the maternal loss is 18 per cent. Combining we have 27½ and 31⅓ per cent., or taking the first two classes alone the maternal loss is 30 per cent. Prompt delivery was accompanied with a maternal loss of 18 per cent. and infantile of 73 per cent. *Glonoine* worked well in one case; *gels.* in another, and *bell* in two others, but of six cases treated with *verat. vir.* one mother was lost and four children. Three post-partem attacks were relieved, the first by *hyos.*, the second by *opium* or *ignatia*, as indicated, and the third by *gels.* followed by *hyos.* and *secale*. The conflicting nature of the recognized theories of causation is shown, and the present *inexplicability* of the phenomena declared. Finally it is suggested that as delivery so often terminates the attack, many cases do *not* belong to Hahnemann's class of non-surgical diseases, and this fact sufficiently indicates one principle of treatment; second, that as in other cases amelioration follows increased urinary secretion, this ought to be an important element in the selection of a remedy; and third, that the delicate nerve tissue should be guarded from the irritation of corroding poison.

ADDENDA.

Accidental hemorrhage will be encountered by only one physician in five who practices fifteen years, and only one in forty-five will lose a patient from that cause. If its development is sluggish, remedies may be administered as indicated, *ipecac*

20 per cent., *belladonna* 17 per cent., *sabina* 11 per cent., *hamamelis* 9 per cent., *secale* 7 per cent., etc. If the mother is in the slightest peril, deliver at once by internal podalic version, save under a very favorable combination of circumstances specified, when the use of forceps is permissible. Never should the liquor amnii be drawn off by a catheter; never should tampons be employed. *Rupture of the uterus* is seen by one physician in eleven who practices nineteen years, but only one in thirty meets it in his own patient, or once in 9,077 cases in general, and once in 24,951 cases in private practice, excluding consultation cases. This exemption is due to the fact that we use *ergot* with extreme caution, *if at all*, and that the skillful prescriber has almost complete control of the uterus. Treatment should be based upon the most advanced surgical principles. *Inversion of the uterus* will be witnessed by every fourth physician who practices nineteen years. The complete occurs only four-fifths as frequently as the partial. Consultation cases for relief of midwives, etc., will be twice as frequent as others. The mortality is less than ten per cent., and is due chiefly from delaying replacement for the arrival of counsel, and mistaking the protruding mass for a fibroid and excising. The prognosis therefore is favorable. *Thrombus of the labia* will he seen by but one physician in nine in nineteen years. It is possible a woman may die from it, but not probable. Cold applications, *hamamelis* and *arnica* have been found to be the best treatment. Occasionally the knife must be resorted to. *Thrombosis and embolism of the nobler organs* will probably be seen by only one physician in seventeen in nineteen years. It may occur as late as the twenty-sixth day, though generally the first week. The patient may live twenty-six hours, and may not five minutes. *Aeration of the sanguimotory apparatus* has not been observed by any correspondent."

The Bureau of Clinical Medicine presented its report through Dr. Dowling, Chairman, on the subject of "Alcohol." Dr. Dowling, in his paper, showed "that its action when continued is in every instance ultimately injurious." Dr. Wm. Owens presented a pathogenesis, showing the effect upon the digestive organs, and Dr. J. S. Mitchell the action upon the kidneys, which he thought was over-estimated.

Dr. F. H. Orme presented a practical paper on the "Effects of Mental Strain," and Dr. A. S. Couch one on the "Abuse of Drugs."

The Bureau of Microscopy, etc., presented a paper, through its Chairman, Dr. J. Edwards Smith, entitled "Vibrios," by the well-known writer, Dr. R. R. Gregg, which was "sat upon" by the Institute in an unmistakable manner.

Dr. J. P. Dake, Chairman, presented the report of the Bureau of Materia Medica, which was on the subject of "Revision and Publication."

The rules recommended were in part as follows:

I. The work should be in two parts:

1.—A NARRATIVE, reciting the positive or pathogenetic effects of each agent in the order of their occurrence.

2.—A SCHEMATIC, exhibiting the symptoms according to regions and functions, chiefly after the manner of Hahnemann.

II. The narrative part to be produced mostly by the special committee of the British Homœopathic Society, aided by correspondents in all countries, in accordance with the following systems and rules.

1.—Give the scientific name and synonyms of each article.

2.—The natural history, class, species or composition, and source of each.

3.—The medical history of each, in brief.

4.—The pharmacal treatment and portions used in medicine.

5.—The symptoms, objective and subjective, clearly attributable to each.

Under this rule there should be no effort to reproduce the records as made by all observers and provers, *in extenso;* but, rather, a succinct narrative, that shall combine and faithfully represent the positive or sick-making effects mentioned by each, so far as the reports (at least two of them) may essentially agree.

It is considered desirable to have the pathogenesy as full as it may be, after the most thorough sifting, and to let its character for purity depend upon the competency and faithfulness of the revising editors, as must be done in all the text books of science.

III. The symptoms or effects, denoting departures from a state of good health occasioned by each article, should be gathered from the following sources:

1.—The most reliable reports of poisonings in the lower animals, which may afford hints as to the deeper influence and organic changes resulting.

The drug effects, observed in the lower animals, should he noted apart from those of the human species, inasmuch as they apply only by analogy.

2.—The most reliable reports of poisonings in persons where antidotes, essentially varying the conditions, were not employed.

3.—The most reliable reports of provings in persons of unimpaired health, including those taken from persons under treatment for some existing disease, or, at the time under the probable influence of some other medicine, or so affected by other disturbing agencies or emotions, as not to afford a clear reflection of the pathogenic character of the article under consideration.

Under this rule, provings made by persons sick, or removed from a normal condition, by excessive use of coffee, tobacco, opiates or alcoholic stimulants, or by disturbing occupations, should be excluded, inasmuch as such persons could not be fairly representative of the generality of mankind. Especially should their reports be excluded when they have been proving drugs in a highly attenuated form.

4.—The most reliable reports of provings where the quantity or attenuation of the drug on trial is such as to allow no reasonable doubt as to the actual presence of drug matter in the doses taken by the provers.

Under this rule, symptoms reported as produced by attenuations above the twelfth decimal, should be received with great caution, and only when found in accord with symptoms from the lower attenuations; while those attributed to attenuations above the thirtieth decimal should be rejected as untrustworthy.

5.—The most reliable reports of provings where there is a concurrence of the symptoms in the persons of not less than two provers.

Under this rule, symptoms occurring in the record of only one prover should not be accepted, inasmuch as there could be no probability that such symptoms were the effects of the article under trial; or, if its effects, that they would ever occur in, or be applicable to, any other person or persons. All such should be allowed to remain in the original reports till experienced by other provers.

Dr. Dake was elected American Editor, and Drs. C. Wesselhœft, E. A. Farrington, and H. R. Arndt, a Consulting Staff on the work of revision.

Dr. I. T. Talbot, Chairman of the Inter-Collegiate Committee, reported that the eleven colleges represented in the Institute had unanimously voted to require from the sessions of 1885 and 1886 a thorough examination in the branches of good English education, mathematics and natural philosophy. The report was adopted, and the secretary ordered to report this action to the journals.

There were reported as existing twenty-eight State societies with 2,384 members; twenty-six general hospitals, providing last year for 10,000 patients; thirty-seven special hospitals, costing $1,700,000, with 5,880 patients.

The charges against Drs. Pearson and Cole, of Washington, as preferred by the Washington Homœopathic Society, for violation of the Code of Ethics and conduct unbecoming

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physicians, etc., were reported upon by the Committee of Seniors, *i. e.*, Drs. J. P. Dake, I. T. Talbot and Ball, and were sustained by this committee.

Thursday evening's session gave place to the convivial and social entertainment tendered to the members of the Institute and friends by the management of Deer Park Hotel.

St. Louis, Mo., was selected as the next place of meeting. Dr. T. F. Allen was elected President, Dr. A. C. Cowperthwaite, Vice-President, Dr. E. M. Kellogg, Treasurer, Dr. J. C. Burgher, General Secretary, and Dr. T. M. Strong, Provisional Secretary, *upon unanimous vote cast by the Secretary.*

Censors.—F. R. McManus, A. R. Wright, F. H. Orme, R. B. Rush, and D. S. Smith.

Necrologist.—Henry D. Paine.

H. C. Allen was appointed Chairman of the Bureau of Medical Education; D. J. McGuire, H. R. Arndt, E. M. Hale, E. A. Farrington, C. Wesselhœft, L. Sherman, A. W. Woodward, Committee on Drug Proving; F. H. Orme, Medical Literature; and F. H. Knerr, Foreign Correspondence.

BUREAUX.

Materia Medica and Provings.—E. A. Farrington, Chairman, A. C. Cowperthwaite, A. W. Woodward, C. Wesselhœft, H. R. Arndt, S. Lilienthal, H. C. Allen.

Microscopy and Histology.—A. R. Wright, Chairman, C. Wesselhœft, Secretary H. W. Taylor, E. Rushmore, W. Albert Haupt.

Psychological Medicine.—S. H. Talcott, Chairman, T. L. Brown, J. D. Buck, Samuel Worcester, J. Martine Kershaw, A. P. Williamson, Secretary.

Obstetrics.—Special subject, "Dystocia."—L. S. Ordway, Chairman, J. C. Sanders, S. Leavitt, O. B. Gause, C. H. Cogswell, C. T. Canfield, H. C. Higbee, Geo. B. Peck, C. E. Fisher.

Organization, Registration and Statistics.—A. S. Everett, Chairman, J. S. Mitchell, J. H. McClelland, I. T. Talbot, J. A. Campbell. C. Mohr, H. L. Obetz, T. Franklin Smith.

Pharmacology.—J. Edwards Smith, Chairman, N. B. Wood, Secretary, H. W. Taylor, W. G. Cowl, N. A. Pennoyer.

Bureau of Ophthalmology and Otology.—H. C. Houghton, Chairman, W. H. Winslow, J. H. Buffum, J. A. Campbell, T. P. Wilson, G. S. Norton, G. C. McDermott, A. Wanstall, D. G. Woodvine, M. O. Terry.

Gynæcology.—Phil. Porter, Chairman, L. A. Phillips, Secretary, O. S. Runnells, H. Minton, S. P. Hedges, A. I. Sawyer, H. K. Bennett, S. S. Lungren, R. C. Allen, M. B. Pearman.

Bureau of Pædology.—C. Van Artsdalen, Chairman, B. F. Dake, Secretary, W. H. Waters, W. C. Greene, M. J. Chapman, Martin Deschere, C. E. Fisher, R. N. Tooker, John Malin, C. D. Crank.

Surgery.—Wm. Tod Helmuth, Chairman.

THE MEDICAL SOCIETY OF NORTHERN NEW YORK.

PART I.

THE Spring meeting (thirty-second year) of the Medical Society of Northern New York, was held at the American House, Troy, Wednesday, May 7, 1884.

In the absence of the President, Dr. C. M. Mosher, Dr. W. W. French was elected Chairman *pro tempore.*

CLINICAL MEDICINE.

EXOPHTHALMIC GOITRE.

Dr. E. A. Bartlett read an able and exhaustive paper on Exophthalmic Goitre, in which the various theories regarding the origin of the disease, its pathology, and the influence of galvanism as a means of diagnosis and treatment, were clearly stated. The following comprises the essential parts of the paper:

"*Definition.*—Exophthalmic goitre is a disease characterized by a prominent trinity of symptoms, viz., cardiac irritation, enlargement of the thyroid gland, and protrusion of one or both of the eyeballs.

"The above is, in general terms, the definition given for the disease in most medical works. The verdict of the superficial observer will be that the definition is inaccurate, but by one familiar with the literature of the subject, and having had some experience with the disease, the conclusion will be reached that it is difficult to find a more accurate definition.

"True, cases are continually being seen in which one or another of the above-mentioned symptoms is either wanting or so slight as to be unrecognizable.

"In nine cases observed by the writer, there was present, in one, no cardiac irritation; in four, no apparent enlargement of the thyroid; but in none was the exophthalmos wanting entirely. In the one case presenting no cardiac irritation there had been, two years previous to my seeing the case, very considerable palpitation, with inability to lie on the left side. This, however, had passed away. Of the four cases which presented no enlargement, or but very little, of the thyroid, one had considerable, two furnished evidence of an enlargement upon the inner surface of the gland, in huskiness of the voice and difficult deglutition, while all transmitted a thrill to the fingers upon firm pressure.

"Thus it will be seen that while the three signs were not present at the same time in all the cases, inquiry and investigation revealed the fact that they did enter into the disease as characteristics in every case.

"*Pathology.*—The question as to the pathological conditions which gave rise to these signs, and symptoms to be considered hereafter, is at the same time interesting and intricate.

"Noticed as early as 1835, it was not until 1849 that the disease was fairly described. Since then much has been written upon the subject, and, diverse as were the opinions in regard to its pathology, there seems to have been, all along, a general agreement that it is a distinct disease, possessed of peculiar characteristics and furnishing peculiar symptoms.

"The acceleration of the pulse, irregularity of the heart's action and strong pulsation, with bruit in the carotids, led to the belief that hypertrophy of the heart was the chief pathological condition. (*Stokes*).

"Physical exploration, however, showing that in a majority of the cases there is no change of this nature in the earlier periods of the disease, led others to attribute the phenomena to a modification of the blood analogous to that found in chlorosis. (*Basedow*).

"When, however, it was considered that a majority of those suffering with chlorosis are not the subjects of the disease under consideration, and that it develops as an acute affection in persons otherwise healthy, and from various causes, the pathologists were forced to other views.

"Incidentally we might here mention the theory which attributes the exophthalmos and cardiac irregularity to pressure of an enlarged thyroid upon the vessels and nerves of the neck, only to dismiss it by saying that the enlargement of the thyroid frequently, almost always, makes its appearance after the cardiac irregularity and vascular excitement have existed for a long time, and in simple bronchocele we sometimes find an enormous enlargement of the thyroid without either cardiac irregularity or exophthalmos.

"There are noticed certain symptoms attendant upon the course of this disease of which we have not yet spoken.

"They are a want of harmony between the motions of the eyeball and the movements of the lids. The upper lid, which ordinarily moves with the vertical movement of the eyeball, does not now change its position. (This has been found in but seven of the nine cases hereinbefore referred to.) There is restricted horizontal motion of the eyeball, an inability to turn it outward beyond the median line. This was observed to be present, in greater or less degree, in each of the cases herein referred to, there being in two marked convergance. There were, furthermore, diplopia, vertigo and nausea, with pain at the base of the occiput. These latter symptoms may have been due, for the most part, to the inharmonious action of the

two eyes. I have not found them mentioned by authors generally.

"Moreover, there are neuralgic pains in the distribution of the trigeminus, a brown discoloration of the skin, erythematous eruption at the margin of the scalp, œdema of the lids and the integument in the supra and infraorbital region, besides numerous other signs of a similar nature, all of which point to the sympathetic nervous system as the seat of a pathological condition.

"These led to a theory, by Geigle, that the disease is due to paralysis of the cephalic and vascular nerves contained in the cervical sympathetic, and to simultaneous irritation of its oculo-pupillary fibres.

"*Trophic Changes.*—Let us now turn our attention for a moment to these so-called trophic changes of which mention has just been made, because here it is we shall find the nearest approach to a solution of the difficult problem of treatment.

"Danielsen and Boeck, in 1856, first called attention to the cutaneous eruptions occurring along the course of the nerves in neuralgia. Baerensprung, in 1863, found the irritation of the trophic fibres occurs at their point of origin in the intervertebral ganglia. Brown-Séquard, in 1865, and Charcot, in 1866, found intense redness and enlargement of the ganglia and nerve trunks within the intervertebral foramina, attended with trophic changes. Haight, in 1868, found connective-tissue degeneration attendant upon swollen nerve fibres. And O'Wyss, in a case of herpes, in the distribution of the first branch of the trigeminus, found purulent inflammation of a portion of the Casserian ganglion and of the nerve.

"In each of the cases cited, it will be noticed that there is no complete solution of continuity, and this is in accord with opinions advanced by the American military surgeons, that 'trophic disorders of the skin appear, especially after incomplete nerve lesions, as a result of inflammatory irritation of the nerves.'

"Further investigation will be necessary to settle the question, but enough has been cited to serve the purpose of this discussion.

"It has just been stated that the opinion is held that exophthalmic goitre is due to paralysis of certain fibres of the sympathetic. The advocates of this theory cite the experiments in section of the sympathetic to substantiate their theory, maintaining that the dilatation of the vessels in the head and neck, with the attendant rise in temperature produced by such section, and the same phenomena seen in exophthalmic goitre, are the result of analogous causes. This would seem to be true in some cases, but not true in others.

"We have already seen that investigation leads to the conclusion that trophic changes occur as the result of irritation, rather than paralysis, of a nerve, and we may therefore infer that in those cases in which trophic changes occur, there exists the former condition.

"Accepting the experiments of the Cyon brothers and others, we may affirm that 'the increased action of the heart and the increased pressure in the aortic system are the results of irritation of the vascular nerves of the heart contained in the sympathetic.' The conclusion, then, at which we have arrived thus far, is that we have at least two classes of cases in the disease called exophthalmic goitre.

"An examination of the symptoms and a glance at the treatment of the nine cases before referred to would seem to support this conclusion. Time will not permit of a detailed statement of these, but it may be stated that some of them presented trophic changes and others did not.

"In two these changes were manifested only by a brown discoloration of the skin. In three others there were besides this, erythematous eruption and œdema of the lids and supra-orbital tissue upon the right side (the side upon which the exophthalmos existed). The other four presented no such phenomena.

"It is worthy of remark that no one of these cases exhibited any other symptom of paucity or poverty of the blood than the disease under consideration.

"*The Value of Galvanism in the Diagnosis and Treatment.*—The point of peculiar interest is the different effects produced by galvanism as used in the treatment of these cases,

"In each of the cases presenting trophic changes the current, passed from the periphery to the centre, produced no beneficial effects whatever; and in two of them exacerbation of existing symptoms, with the production of others unfavorable, followed each application. An application of the positive pole upon the cervical ganglia, however, or along the course of the cervical sympathetic, produced immediately beneficial effects, the pulse, in one case, being temporarily reduced from 140 to 98 beats. In the cases presenting no trophic changes the opposite was true.

"Whether we accept the statement or not, that galvanism passing in reverse along a nerve is irritating, and *vice versa*, we shall, nevertheless, have the theory of 'polar effect' to urge us to an acceptance of the conclusion that cases of exophthalmic goitre presenting trophic changes are due to irritation of the fibres of the sympathetic, and those presenting no such changes are of paralytic origin.

"The difference of opinion among writers in regard to the value of galvanism and the method of its application, which is very marked, is perhaps due, in part at least, to the varying conditions here mentioned. It certainly is true that one case may improve under one method, but have the symptoms aggravated by the other method, and in another case the reverse will be true.

"It is unnecessary to state that it is not claimed that galvanism will cure, or even relieve to any extent, all cases of this disease. Treatment necessarily extends over a long period, but time will frequently be saved by bearing in mind the statements herein made.

"From one to two years have been occupied in the treatment of each of the cases referred to in this article, and varying success has been attained. In all but one there has been some improvement, and in that one the disease had existed for some five and a half years, and the patient was the victim of constitutional disease. In four there was recovery, at least so far that there was no apparent sign and no discomfort on the part of the patients, who attended to their daily avocations, and have done so for three or four years since their discharge. Two of the four remaining were somewhat benefited, but in the one heard from there was a relapse. The other two are yet under observation, one about well, having been under treatment fourteen months; and the other, although having just come under my observation through the kindness of Dr. Rouchel, has already manifested some improvement.

"The medicines administered in these cases were *syrup of iodide of iron, pills of quinine, iron and strychnine; liquor pancreatic compound, pepsin, bismuth*, and alteratives from time to time. Their administration was sustained for no great length of time, having been exhibited as they seemed to be indicated.

"*Two Classes of Cases.*—In conclusion, we may briefly sum up the matter by saying: There seems to be two classes of cases, the first being characterized by symptoms indicating paralysis, the second by symptoms indicating irritation, of the fibres of the sympathetic.

"In the former, galvanism in reverse; in the latter, galvanism direct, proves efficacious for relief or cure, in many instances. Galvanism is a very important adjunct in the treatment. Perseverance in treatment is absolutely necessary. Prognosis in recent cases is very hopeful.

"P. S.—Since this paper was written the case mentioned in it as having recently come under observation, and already indicating some improvement, developed symptoms of serious intracranial trouble, and within four months of the time of commencing treatment, died with symptoms of cerebral tumor.

"The improvement spoken of was relief of cardiac irregularity, which, however, was temporary. Unfortunately no autopsy was permitted. Had there been, there is little doubt we should have found the tumor, probably a glioma, in the neighborhood of the pons Varolii. Had we been able to demonstrate this, it would have assisted much in the direction of the theory advocated in this paper, there having been trophic changes (supra and infraorbital œdema and herpes over the distribution of the first division of the trigeminus), caused probably by the irritation engendered by the presence of the tumor.

"It is interesting to note that in this case, when it presented itself, there was not only cardiac irregularity and unilateral exophthalmos, but a distinctly enlarged, pulsating thyroid, with *bruit*."

COMMUNICABILITY OF PHTHISIS.

Dr. Gorham related, as evidence of the contagiousness of phthisis, the case of a young woman who had lately died of phthisis. The patient, a few months previously, had taken care of a brother, who also had passed through the stages of quick consumption.

Dr. Howland stated that while, in some cases, the evidences of the communicability of consumption were abundant, and evidently conclusive, there were many others in which the contagious nature of the disease could not be traced.

In families where only one had died out of several members, all being apparently equally liable to an attack, it was an open question whether the exemption could be traced to the absence of a specific contagium, or to free ventilation, exercise out of doors, and the application of other well known hygienic influences.

In one case which had recently come under observation, life was evidently prolonged, in comparative freedom from bodily suffering, by an almost entire change of habits; from sleeping with closed to open windows, and from an indoor to an outdoor life and occupation.

It was very important, however, that warm clothing should be worn, and that exposure to cold by drafts should be scrupulously avoided.

Her own family were originally from Maine, and were consumptive; in fact, her own health prior to thirty years of age was feeble; but since that time, on account of a removal from a cold to a warmer locality, and free exercise out-of doors, a complete change had taken place. From being slender and weak she had become stout and robust and had acquired a great increase of strength and enurance.

Dr. French had known an instance in which every member of a family of seven children had died of phthisis, one after another, at intervals of about one year, showing, it would appear, at least indirect evidence of its communicability. He made a distinction between infection and contagion. He considered phthisis infectious, like diphtheria or typhus.

Dr. Waldo argued at length in support of the contagiousness of phthisis. He had known several instances in which the disease had been evidently communicated to an attendant, a husband, wife or friend. He thought the distinction between a contagion and an infection one of degree and method of transmission, rather than of kind and form.

The material elements, whatever they may be, are plainly more volatile in some than in others; yet there must be actual contact with a disease-producing agency of some kind; zymotic diseases are, therefore, generally considered to have a specific contagium.

COMMUNICABILITY OF DIPHTHERIA.

Dr. Waldo cited several instances showing that the spread of diphtheria is, in some cases at least, plainly traceable to direct contact. Diphtheria had prevailed in West Troy for the past three years. It began in a settlement of French who had recently come from Canada. During the early fall and winter the disease was confined to those families, on account, it is to be presumed, of their non-intercourse with their English speaking neighbors. More recently, however, the disease has spread to all parts of the city, and its victims are found among all classes and conditions.

Dr. Gorham confessed that the transmission of diphtheria was an enigma that had not yet been explained. It appeared to have means of propagation, the laws of which have not been revealed.

The disease came under his observation when it first made its appearance in Lehigh Valley, Penn., several years ago. It broke out suddenly, and in a very malignant form, nearly every case proving rapidly fatal. It appeared to set at naught all hygienic rules. It established itself as well in dwellings and localities where all ordinary sanitary influences were strictly maintained, as in those where all these conservative measures were wholly disregarded; as well in valleys as on high hills; and in low, damp situations as in comparatively dry and exposed places. Its origin, means of propagation and favorite nidus, were all apparently shrouded in an impenetrable mystery.

COMMUNICABILITY OF SCARLET FEVER.

Dr. Gorham related an instance in which a gentleman visited a house four miles distant from his home, in which a case of malignant scarlet fever had recently occurred. Nine days afterward one of his own children was attacked by the disease, which speedily terminated fatally.

Dr. Waldo stated that, in his experience, when a single member of a family of children is stricken down with the disease, in most instances all not protected by a previous attack subsequently suffer. All may not have the disease in the same degree of severity. Some of the children may have only a few mild symptoms, sufficient, however, to show that the germs have affected all susceptible to their influence.

He expressed little confidence in the purifying and preventive measures recommended by the various local boards of health, although he never fails to supply copies of such circulars and printed instructions as are furnished for that purpose. In numerous cases these directions have been strictly carried out, and yet the disease has prevailed as fiercely and fatally as in dwellings where none of these sanitary means were applied. For these reasons the confidence in them is diminishing. In his experience efforts to secure disinfection in cases of diphtheria were equally futile.

Dr. Howland has observed many instances in which only a single member of a family of a number of children has suffered therefrom, even when no special measures were employed for preventing its extension.

BAPTISIA IN THE TREATMENT OF TYPHOID FEVER.

Dr. G. E. Gorham read a carefully prepared paper, in which he set forth the results of his experience in the use of *baptisia*

in the treatment of typhoid fever. The following summary embraces its essential parts:

I cannot hope to say anything new regarding the value of *baptisia*, a drug so well and widely known, thanks to our indefatigable Hale. I simply wish to add my testimony to its efficiency in the treatment of typhoid fever.

We find in our works on materia medica conflicting statements regarding the virtues of this drug. Some authors claim that it will arrest typhoid fever when administered during the early stages of the disease; also that it is one of the most useful remedies in the treatment of typhoid conditions generally. Others, and among them Dr. Richard Hughes, claims for it curative results in the treatment of so-called gastric fever, but none for it in typhoid.

Physicians with whom I have had conversation regarding the merits of *baptisia*, entertain widely different opinions. Some of them express little or no confidence in its curative action, and seldom resort to its use; others administer it only when its characteristic symptom is present, viz., the patient seeming to be divided into several pieces and "cannot get himself together."

My experience with *baptisia* in the treatment, during the past three years, of upward of fifty cases of typhoid fever, leads me to esteem it one of the most important drugs in the treatment of this disease; and to believe what once I deemed impossible, that it had the power, when given in the first stage, of arresting typhoid fever.

Of the fifty cases treated, some were mild; others severe. Hemorrhage from the bowels occurred in three cases. In about one-half the cases the highest range of the thermometer was reached before the end of the second week, and in three of these a temperature of 106 was recorded. Among the whole number there were no fatal cases.

Several cases which presented all the initial symptoms of typhoid fever would, I have reason to believe, have gone on to full development, had not the attack been cut short by the early application of this remedy. And I firmly believe that in at least two severe cases its continued administration arrested the disease in its first stage.

One of these was that of Mrs. S.——, who had had the care of her son during a five weeks' illness from typhoid fever. When I was first called she was suffering from headache, a tired feeling, restlessness, loss of sleep, temperature 102.5, pulse 110, and for two or three days slight fever.

I prescribed *baptisia*, twenty drops of which was placed in a goblet half filled with water; two teaspoonfuls to be taken every two hours.

The temperature remained the same for two days, and then the fever began to abate. In eight days thereafter all the evidences of fever had disappeared.

The second case was that of Mr. H——, a grocer, who passed through a similar attack. The fever having abated in the course of eight or nine days, he was cautioned regarding the danger of occasioning a relapse by over-heating or over-work. Notwithstanding this advice, he at once returned to his store. In ten days thereafter I was again called to attend the patient for an attack scarcely less violent than the first, the thermometer indicating a temperature of 102.5.

I found it impossible, this time, to shorten the attack, the fever running unchecked a period of twenty-one days, and giving all the characteristics of a typical case of typhoid.

The relapse in this case unquestionably establishes the correctness of the diagnosis of the first attack; also as conclusively proves the influence of *baptisia* in cutting it short.

In a number of cases practical tests showing the exact utility of *baptisia* were resorted to, by omitting its use forty-eight hours, giving meanwhile *bryonia*, *rhus* or *arsenicum*, as appeared to be best indicated. The results proved that *baptisia* kept the temperature lower by half a degree to one degree than any other remedy; and at the same time effectually relieved all the other accompanying symptoms.

Is it not probable that those who have no confidence in the efficacy of *baptisia* expect greater and more prompt effects than are warranted, and, fearing an increase of fever, quickly resort to older and well-tried remedies?

I have not restricted its use to those cases in which the special symptoms indicating the use of *baptisia* are present, but have given it in all cases having the general characteristics of typhoid fever; and in alternation, when indicated, with *bryonia*, *rhus*, *arsenicum*, and other usual remedies.

If I may use the term, I give *baptisia* for its anti-toxæmic effects, believing it to be a valuable remedy for correcting vitiated conditions of the blood accompanied by an elevated temperature.

I regard *baptisia*, therefore, as a remedy for the disease *as a whole* and in all its stages; not for special conditions or symptoms only, which may or may not be present in individual cases; hence I begin with it as early as possible, and continue its use as long as evidences of fever are present. I do not wait for the full development of the characteristic and dangerous symptoms. I believe it to be the appropriate remedy for these as well as for the cases of a mild type. Therefore, in order to arrest its progress in its incipient stages, which I am confident can be done as surely as in the treatment of pneumonia, rheumatism and other acute diseases, thereby preventing mild cases from becoming severe ones, as they surely will sometimes, if mismanaged or left to themselves, I uniformly prescribe what I consider the appropriate remedy immediately on the advent of any well-known initial indications of typhoid fever.

I have almost uniformly prescribed the tincture, twenty or thirty drops being given in the course of twenty-four hours.

I will add that all the usual adjuvants, ventilation, bathing, and the regulation of the diet, received close attention.

Dr. Waldo believed that a carefully-regulated diet was of much more importance than medicine in typhoid fever, though he had as much confidence as any one in the effects of properly-chosen remedies. He believed that almost every case of genuine typhoid fever would recover under a suitable diet and proper nursing, even if no medicine at all were given, but if the proper dietary precautions were not observed, and the general management of the patient was poor, the mortality would be high.

At *every visit* during the course of typhoid fever, he would impress upon nurses and attendants the fact that *they* were the ones to save the patient, by their strict observance of the rules laid down by the doctor, and that medicines alone would utterly fail without their coöperation. He would explain to them that there was considerable surface in the intestinal canal in an inflamed and perhaps ulcerated condition, that there were swollen and ulcerated glands, and that nothing must be allowed to pass over these diseased surfaces that was not *perfectly soft*. He would explain to nurses how a piece of dry toast, or cracker, or even beefsteak, if eaten, might punch a hole through a soft spot in the intestine and kill the patient. This soft and nearly fluid diet must be continued until convalescence is nearly completed, for after the patient is able to walk about there may be sufficient ulceration in the small intestine to make *solid* or *hard* food unsafe. From a somewhat extended observation, he was of the opinion that milk constituted the most available diet for the typhoid fever patient. He would allow them all they wished of it to drink, and would urge them to

take at least three pints in twenty-four hours. If there was much diarrhœa he would boil the milk. If the stools contained undigested curd and the milk distressed the stomach, he would give five-grain doses of *pepsin* after each glass of milk, and immediately follow it by a little *muriatic acid.* Beef tea is good, for a change, in typhoid fever cases, where there is no diarrhœa. A gruel made by boiling oatmeal three hours and straining it and thinning it with milk is good in such cases, also Imperial Granum, farina, "butter-milk pop," and many other articles of this kind. Be sure to feed your patient through the entire course of the fever, and then he will have strength to rally at the end.

After the fever has left and the diarrhœa is stopped, such articles as milk-toast, soft eggs, rice pudding, tapioca pudding, corn-meal pudding, baked or mashed potatoes softened with milk, may be allowed.

As regards nursing, the patient must be kept perfectly quiet, mentally and physically. He should not be allowed to sit up, or walk about, till temperature and pulse have returned to their normal conditions, and then very cautiously at first. Frequent, perhaps daily, sponging with tepid water is advisable.

Medicinally the treatment should be strictly homœopathic. For several years he had followed pretty closely the line of treatment indicated by Dr. Hughes. He almost always gave *baptisia*, and while he felt sure that it modified the fever, he could not say that he had ever seen the course of the fever shortened or a case aborted by its use.

Dr. N. E. Paine had noticed two parallel cases, apparently alike, both being young women residing in the same building and both attacked within twenty-four hours. One was treated by the administration of three or four single-grain doses of *calomel* for the first two days, followed by four grains of *quinine* daily. Recovery in fourteen days.

The other received no *calomel*, smaller doses of *quinine*, and also *baptisia*. In this case the disease ran twenty-one days. Both were mild cases.

The old school physician, who had the care of the first case, very naturally thought his treatment preferable. His object in giving the *calomel* was mainly that of thoroughly clearing the intestinal track of any accumulations of food which might prove a source of irritation should the bowels become inactive in the course of the disease.

CASE OF CHRONIC BRIGHT'S DISEASE.

Dr. J. F. Niver reported the following history of a case of Bright's disease :

Mr. N——, aged 46 years, applied for treatment in the spring of 1875. He was then suffering from the usual symptoms indicating an advanced stage of Bright's disease. No record of his case having been preserved, I am unable to furnish an accurate history of his condition ; he was, however, suffering from general nervous prostration ; a feeling of fatigue and aching in every part of the body ; difficulty in concentrating thought on any subject ; became quickly fatigued after slight mental effort ; almost constant headache, and pain extending down the neck and spine ; dimness of vision ; indigestion, nausea, coated tongue, flatulency ; the urine was diminished in quantity, and frequently cloudy, and deposited a sediment ; there was also intermittent swelling of the feet and ankles.

A careful examination of the urine, May 10, 1875, by Dr. N. E. Paine, of Albany, showed acid reaction, specific gravity 1020, no deposit of sediment, an abundance of albumen, the amount being about four grains to the ounce of urine.

Dr. Paine, in a letter written at that time, stated :

"The symptoms taken together point to what is known as granular kidney, one of the forms of Bright's disease. In this condition hypertrophy of the left ventricle is apt to occur ; also atheromatous degeneration of portions of the arterial system, as the aorta and cerebral arteries, the latter sometimes causing apoplexy.

"Patients often suffer a long time with this form of the disease ; they are subject to it only at irregular and widely separated intervals, provided a proper and systematic course of hygienic rules be strictly followed.

"Daily exercise, not too violent, should be continued for several hours. Carriage riding is preferable to walking. Flannels must always be worn, winter and summer, in order to keep the surface of the body in a state of gentle perspiration as much of the time as possible, with a view of diminishing the action of the kidneys. The patient should never expose himself to cold. A warm bath, followed by friction, should be taken three or four times a week. The diet should be nutritous, but rather light, and in it milk should enter largely."

The remedies prescribed were *arsenicum* third, two or three doses in the forenoon ; *apis*, tincture, two or three doses in the afternoon, and *mercurius biniodide* second, two or three doses in the evening.

These instructions regarding diet, regimen and treatment, were strictly followed several years. Improvement began at once, and continued as long as the system of diet and regimen pointed out were strictly adherred to. After a few months the doses of the medicines were repeated at longer intervals ; relief, however, soon followed their administration whenever, through negligence, their use had been temporarily discontinued.

About the middle of last January (1883) the patient began to experience paroxysms of difficulty of breathing. These soon became very distressing, and were apparently of an asthmatic origin. Relief from them seemed to be obtained only by the free administration of whisky.

There being no evidences of improvement, by my advice, the patient left home the last of February, in order to make trial of a warmer climate. He spent two months in Florida, without apparent benefit, and then returned to the city of New York. Previous to his arrival, and while on the steamer, he became unconscious, in which condition he remained three or four hours, during which time he had several convulsions.

The difficulty of breathing continued ; the limbs were greatly distended ; the urine very scanty and loaded with albumen. The patient had two convulsions on May 19th, after which he became delirious. He remained in this condition to the time of his death, two days thereafter.

A post-mortem examination showed both kidneys atrophied and granular. The right kidney weighed one and a half ounces ; the left weighed two ounces. The spleen weighed one and a half pounds. The right lung was hepatized. All the other viscera of the chest and abdomen were in a normal condition.

The patient was a very industrious, prudent and temperate person. He was an editor. For twenty-seven years he had worked, almost without intermission, in the same office.

When first attacked by the disease, in 1875, he was told that by close observance of proper hygienic rules, and the use of appropriate remedies, his life might be lengthened at least ten years. He survived eight years, and was able, as late as the middle of February (1883) to conduct all his business affairs with little apparent inconvenience.

Dr. N. E. Paine believed the patient was not as prudent or careful to observe proper dietary or hygienic rules as he

might have been; he thought that had still greater caution been observed, his life would have been materially lengthened.

He also expressed great confidence in the use of *massage* in the management of such cases; in fact had witnessed its salutary effects in numerous cases of chronic incurable diseases, as, for instance, heart disease, stomach and liver indigestion, paralysis and even apoplexy. He had repeatedly seen life lengthened ten or twelve years by the continued daily application of massage.

CASE OF ACUTE YELLOW ATROPHY OF THE LIVER.

Dr. F. L. Vincent presented a report in detail of a case of yellow atrophy of the liver, which had recently come under his observation.

The patient, a large, robust man, of full habit, a generous liver, and a rapid eater, came to him in February last, with symptoms of Bell's paralysis of the left side of the face, without involving either the tongue or forehead; caused probably by taking an after-dinner nap with his face against a cold car window.

Under galvanic treatment for a week he improved very much; but as the symptoms of paralysis subsided, a gastric disturbance manifested itself, to which he was occasionally subject.

He also had a violent occipito-frontal headache on the right side, with loss of appetite, urine scanty and loaded with bile and urates. There was no jaundice, or soreness, or pain in the region of the liver. The tongue was flabby, a thick, brown coating along the middle. The stools were dark brown, pasty and bilious. Mind confused, countenance heavy, eyes expressionless, except when roused by conversation. Temperature 99 to 101. The skin moist a greater part of the time.

These symptoms continued two or three weeks, when more important evidences of serious disease set in. The memory became impaired, the headache increased; he became first restless and afterward comatose; the pulse only 47, soft and compressible; finally stertorous breathing and clonic convulsions of the left side, ending in death at about the close of the fifth week.

At the post-mortem about a gallon of dark, grumous, bloody mucus was found in the stomach and intestines, the first indication of hemorrhage. The liver was found contracted and hidden behind the colon; the capsule was shriveled, and the gall bladder was empty; the liver weighed one and three-quarter pounds and its tissue softened and easily broken down. The spleen was not enlarged, but was very friable.

There was in this case almost an entire absence of the usual prodromata, the jaundice and the grumous discharges; which fact should point out the importance of a microscopic examination of the urine in all serious cases in which typhoid symptoms are marked, or obstinate gastric disturbance or irritation hold a prominent place.

OBSTINATE CONSTIPATION RESULTING FROM METASTASIS OF ECZEMA.

Dr. W. E. Rogers communicated the following sketch of a case of chronic constipation, which shows the importance of treating constitutional conditions rather than local symptoms. The principal characteristics of the case are as follows:

Mrs. C. G——, aged 60, a large, tall woman, weighing upwards of 180 pounds. Has been a sufferer for two years from obstinate constipation. There is a constant burning sensation in the lower part of the abdomen; also an uncomfortable feeling of weight. The patient often remarked: "If I could part with fifty pounds weight from the lower part of my abdomen, I would be well."

The patient had exhausted all the resources of which she had any knowledge, and for six months had been trying electric baths, but without benefit.

Treatment.—There having been entire inaction of the bowels for a number of days, I began the treatment by prescribing cathartic pills, containing *strychnia*. The bowels acted more freely than usual, and decided relief followed.

I then gave the patient a vial of *sulphur* third, in pellets, three or four of which were to be taken morning and evening.

In two weeks a normal condition of the bowels was established. I also observed in connection therewith that a patch of salt rheum, probably eczema, which had been absent ever since the constipation became troublesome, had returned to its old locality, on the left arm near the elbow.

ROUND ULCER OF THE STOMACH.

Dr. Howard S. Paine reported the following history of a case of round ulcer of the stomach:

The patient, a young woman, eighteen years of age, slender in form, and feeble in health; had been a sufferer several years from dyspepsia. The symptoms were, mainly, a vitiated appetite, a craving for improper food, chiefly sugar, cake, light pastries and candies.

The patient had been left to follow her own morbid inclinations for unsuitable food, her mother having died when she (the patient) was quite a young child. She never observed regularity in eating; never ate meat or potato, and seldom any wholesome, plain food of any kind. The only articles for which she had a relish were coffee, tea highly sweetened, bread, and fruit preserved in sugar; also, between meals, candies and various confections.

As a result, the patient was pale, anæmic, became easily fatigued, and suffered from headache, nausea, pain and soreness at the pit of the stomach, tongue thickly coated, unpleasant taste, flatulency and constipation; in short, all the main features of chronic gastric catarrh. The tenderness and soreness on pressure was greatest over the epigastrium; there was, however, general tenderness, even to slight pressure, over the whole abdomen.

The symptoms which gave the patient most inconvenience, and for the relief of which she sought advice, were persistent vomiting and constant headache. The retching and vomiting had been present several months; the headache, not as long a time.

The vomiting came on at short intervals. It was neither relieved or decidedly aggravated by taking food; it occurred as often when the stomach was empty, in the morning, as at other times, soon after food had been taken. The matter ejected, except after eating, consisted of a clear watery fluid, neither sour or bitter.

The condition of the patient was indeed critical. Her friends believed her to be passing into a rapid decline, and intimated that the advent of consumption was near at hand.

Treatment.—The patient was required to abandon the use of the sacharine substances, harmless, perhaps, when taken occasionally, and in small quantities, but highly pernicious when made the sole articles of daily food for a number of years, as had been done in this instance. Instead of these, a more simple, non-saccharine and suitable diet was enjoined.

In addition, the usual remedies were prescribed, embracing, for the most part, *nux vom.*, *arsenicum*, *carbolic acid* and *hydrastis*.

The use of these remedies and a resort to an appropriate diet were soon followed by a satisfactory improvement. The appetite for proper food returned, the strength increased, and nearly all the symptoms indicating gastric disturbance subsided. In the course of three or four weeks the tenderness on

external pressure over the region of the stomach, and over the whole abdomen, was entirely relieved, as also were the vomiting and headache; in fact, the improvement in strength and general appearance promised early and complete restoration to sound health. Steady, although slow, progress continued seven or eight weeks longer. The patient, being still thin and spare, desired that means he adopted for promoting an increase of flesh. Accordingly raw eggs, milk, *cod liver oil*, *mild wine*, and *ferrated cinchona* were recommended.

This satisfactory improvement, however, was suddenly arrested by imprudence in exercise and probably in eating. The patient was seized, about midnight, with severe paroxysms of cramping pain in the epigastric region, accompanied by retching, vomiting, faintness, coldness of the extremities, and entire prostration of strength. From this condition the patient, in two or three hours, passed into a state of complete collapse, from which she never rallied, death taking place, evidently from shock, in less than twelve hours.

At the post-mortem, the immediate cause of death was found to be perforation of the coats of the stomach by an ulcer, located on the anterior surface, the size and general appearance of which is represented by the accompanying wood cut.

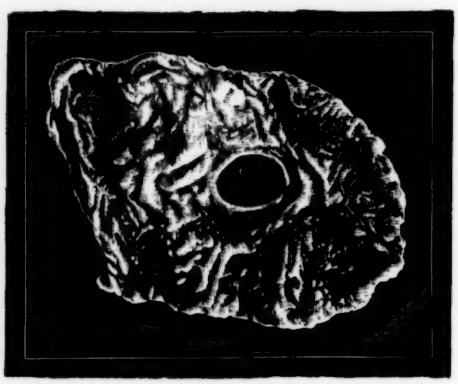
Perforation in another place, on the posterior surface, by a second ulcer, had been prevented by sufficient inflammatory action to produce adhesion to the pancreas.

Unusual Characteristics.—The unusual characteristics to be observed in connection with the history of this case are:

First. The entire absence of any vomiting of blood during the whole sickness.

Second. The absence of pain or soreness on external pressure over the region of the stomach, for several weeks, including the last few days prior to the fatal termination, the ulcer meanwhile steadily progressing.

Third. The absence of pain after eating, which the muscular action of the stomach would be expected to occasion.



*Differential Diagnosis.**—The more prominent symptoms of four gastric diseases are as follows:

ATONIC DYSPEPSIA.

First. No pain or soreness at the epigastrium. Sensation of weight or load rather than tenderness.

Second. Symptoms of indigestion. Appetite impaired. Thirst generally absent. Tongue pale and flabby.

Third. Vomiting rare.

Fourth. No hemorrhage.

Fifth. Bowels may be regular.

Sixth. No febrile symptoms.

* "Differential Diagnosis," by Dr. F. de Havilland Hall, edition 1879, pages 174-175.

Seventh. Nutrition not materially interfered with.

Eighth. Not confined to any age.

Ninth. Course of disease uniform; may be cured.

Tenth. No tumor. Percussion resonant.

CHRONIC GASTRITIS.

First. Pain at the epigastrium somewhat augmented by food; also soreness. Both constant, though not severe.

Second. Indigestion present. Appetite capricious. Thirst increased. Tongue furred and red at edges.

Third. Sometimes vomiting.

Fourth. Hemorrhage absent, or rare and trifling.

Fifth. Bowels constipated.

Sixth. Occasional slight pyrexia (Fox).

Seventh. Slight emaciation; slightly earthy tint to skin (Fox).

Eighth. More common in middle or advanced life.

Ninth. Disease with marked exacerbations and remissions. May be relieved or cured.

Tenth. No tumor. Percussion resonant.

GASTRIC ULCER.

First. Pain at the epigastrium much augmented by food; is intermittent; subsides after digestion; pain in paroxysms, but not lancinating; epigastric soreness strictly localized. Sometimes a painful spot over lower dorsal vertebra.

Second. Symptoms of indigestion slight.

Third. Vomiting may be present or not. Usually relieves the pain.

Fourth. Abundant hæmatemesis.

Fifth. Bowels slightly or not constipated.

Sixth. No fever present.

Seventh. Frequently extreme pallor and debility.

Eighth. May occur in middle-aged persons, but is frequently seen in young adults, *especially females.*

Ninth. Duration uncertain; may get well; may run on rapidly to perforation, or may last for years.

Tenth. No tumor. Percussion resonant.

GASTRIC CANCER.

First. Pain paroxysmal, radiating, often severe and lancinating; rarely remitting; never intermitting; little or not at all affected by food; not always accompanied by soreness.

Second. Symptoms of indigestion more marked. Extreme acidity of the stomach.

Third. Vomiting a very frequent symptom. Does not relieve the pain.

Fourth. Hæmatemesis not very abundant; but occasioning frequent voming of a substance resembling coffee grounds.

Fifth. Constipation obstinate.

Sixth. Fever not uncommon.

Seventh. Gradual and progressive loss of flesh and debility.

Eighth. Most common in elderly people; rarely occurs in persons under forty years of age.

Ninth. Duration about one year; very rarely reaches two. Termination fatal.

Tenth. Generally a tumor. Percussion variable.

TWO SIGNS OF TRUE CONVALESCENCE IN ENTERIC FEVER.—In a communication to the Clinical Society of Paris, Dr. Chauffard indicates as sure signs of true convalescence in enteric fever, the occurrence of multiple abscesses and of a critical diuresis. The abscesses have a rapid and insidious development, and when once opened they cease to secrete, their walls uniting in a day or two. The diuresis is sudden, and the quantity of urine passed is very large. Dr. Chauffard's observations extend over the past two years, and in no case has he seen a relapse where these signs presented themselves.

THE SUPREMACY OF THE ENGLISH LANGUAGE AND LITERATURE.—President Eliot, of Harvard, discusses the question "What is a Liberal Education?" in the June *Century*. Its importance lies in the fact that so prominent a scholar and educator should take such strong ground in favor of making the sciences and the English language leading branches in the college course. While admitting that Latin and Greek are valuable studies, he says of English: "The first subject which, as I conceive, is entitled to recognition as of equal academic value or rank with any subject now most honored, is the English language and literature. When Greek began to revive in Europe, English was just acquiring a literary form; but when Greek had won its present rank among the liberal arts, Shakspeare had risen, the English language was formed, and English literature was soon to become the greatest of modern literatures. How does it stand now, with its immense array of poets, philosophers, historians, commentators, critics, satirists, dramatists, novelists and orators? It cannot be doubted that English literature is beyond all comparison the amplest, most various and splendid literature which the world has seen; and it is enough to say of the English language that it is the language of that literature. Greek literature compares with English as Homer compares with Shakspeare, that is, as infantile with adult civilization. It may further be said of the English language, that it is the native tongue of nations which are preëminent in the world by force of character, enterprise and wealth, and whose political and social institutions have a higher moral interest and greater promise than any which mankind has hitherto invented. To the original creation of English genius are to be added translations into English of all the masterpieces of other literatures, sacred and profane. It is a very rare scholar who has not learned much more about the Jews, Greeks, or the Romans through English than through Hebrew, Greek, or Latin.

"And now, with all this wonderful treasure within reach of our youths, what is the position of American schools and colleges in regard to teaching English? Has English literature the foremost place in the programmes of our schools? By no means; at best only a subordinate place, and in many schools no place at all. Does English take equal rank with Greek or Latin in our colleges? By no means; not in the number and rank of the teacher, nor in the consideration in which the subject is held by faculty and student, nor in the time which may be devoted to it by a candidate for a degree. Until within a few years the American colleges made no demand upon candidates for admission in regard to knowledge of English; and now that some colleges make a small requirement in English, the chief result of the examinations is to demonstrate the woful ignorance of their own language and literature which prevails among the picked youths of our country."

PHENIC ACID IN YELLOW FEVER.—Dr. De Lacaille, of Rio de Janeiro, professes to have cured thirty-eight consecutive cases of yellow fever by the use of Déclat's preparations of *phenic* and *sulpho-phenic acids*, and in grave cases the *phenate of ammonium*. In the early stages he gives the remedies by the mouth, but in the advanced stages the hypodermic method is necessary. He contrasts very favorably his recent experience with his former sad failures without these drugs.

ELECTRICITY IN DENTAL PRACTICE.—So pure and so intense are the rays derived from electricity that, even with the imperfect apparatus already devised, a sight of the oral tissues under its illumination is a new revelation to the dentist. We do not mean to assert that the teeth and their investing tissues are made transparent, but we do say that so intense is the illumination that the condition of the tissues can be, by the experienced operator, very clearly observed. The congestion produced by pressure alters the appearance of the soft tissues, so that when comparatively deep-seated, it is quite plainly indicated. An inflamed pulp changes the looks of a tooth, interrupting the semi-translucency. A filling can be plainly seen through a tooth, and a filled root presents a different appearance from one that is unfilled. But it is especially in determining the condition of proximate surfaces in close contact, that the usefulness of the electric light becomes evident. If such surfaces are rough and unpolished, if food habitually lodges between them, the fact is at once apparent. If softening of the enamel has begun, the premonitory symptom of approaching decay, it is instantaneously revealed. If a pocket has formed beneath the gum, and foreign matter is lodged there, it needs not the probe to determine the fact. Incipient pyorrhœa can be immediately detected.

The apparatus with which these results have been obtained is by no means perfect. When something a little better shall have been offered, we may confidently look to see electricity employed to advantage in the office of every operating dentist.

—A discussion on the presence of alcohol under normal conditions in the animal system, proved by the researches of M. Maurice Perrin and M. Dujardin-Beaumetz, was started at the last meeting of the Paris Academy of Medicine, by a note in which M. Béchamp contended that the phenomena prove that the organism "manufactures" alcohol. The question bears M. Béchamp's views respecting the origin of the agents of fermentation. M. Armand Gautier admitted that M. Béchamp was justified in asserting that alcohol often presents itself physiologically or normally in the animal economy without the previous introduction of sugar or other fermentable substance.

—It is well to know that in cases of collapse and sinking, injection of thirty minims of *ether* into the skin after the common fashion of injecting *morphia*, is a most valuable and successful means of restoration. The action of *ether* in such a case is speedy and effectual. Such a hint is useful to all who, away from medical aid may, under any circumstances, require to exercise knowledge in the saving of life.

—A KNOWING WITNESS.—At a recent trial in this city a medical "expert" was examined in regard to certain points in neurology. In the examination he was asked if he recognized a particular book as authority in the matter, and the question was repeated in regard to another book, and then another. His answers were to the effect that he was familiar with all the books mentioned, and that they were authorities on the matters alluded to. The medical witness was then allowed to leave the stand, and the lawyer's clerk was sworn, who testified that the titles of the works in question were fictitious, having been concocted in the law office of the firm to which he was attached.

NOVEL USE FOR PEPSIN.—The latest use for *pepsin* is to digest blood in the bladder, under circumstances which make other modes of rendering the blood liquid impracticable.

SUCCESS UNDER DIFFICULTIES.—The famous oculist, Prof. Ludwig Mauthner, of Vienna, has just made a successful operation on the eye of a colleague of his, aged 96 years. A former experiment gave back eyesight to a poor man who had completed his 102d year. Considering the age of these patients, these cases may well be cited as unique in the annals of ocular therapeutics.—*Boston Daily Advertiser*.

XUM

MISCELLANY.

—Dr. J. S. Billings has been placed in charge of the Army Medical Museum at Washington.

—*Salicylate of sodium*, when administered in large and repeated doses, has been followed by metro-neuralgia.

—A tape worm in a child 18 months old was killed by the child's chewing the bark and buds of a peach tree twig.

—The number of medial journals born during the year 1883 in the United States was 55. The number of deaths was 15.

—The Assembly of this State has past a bill prohibiting the sale of drugs by any persons except physicians and pharmacists.

—The prevalence of post-nasal catarrh in this country is attributed largely, by Dr. Morrell Mackenzie, to the abundance of dust.

—The Brooklyn Homœopathic Hospital is in want of a resident physician. Candidates should address Dr. E. Miner, 115 Gates Avenue.

—Puscher, the Nuremberg chemist, says that paste made of starch, glycerine and gypsum, will maintain its plasticity longer than any other cement.

—The U. S. Senate has passed a bill providing for the erection of a fire-proof building in Washington for the records of the Army Medical Department.

—The French Association for the Advancement of the Sciences will hold its thirteenth annual meeting at Blois, from the 4th to the 11th of September, 1884.

—An apparatus for lighting doctors gigs or broughams by electricity has been successfully used in England. The Swan light is used, and a portable battery.

—The women physicians have won a victory over the Council of the Massachusetts Medical Society, and hereafter they will be admitted on the same terms as men.

—The London *Lancet* states that there are (June 1st) over 1000 cases of small-pox under treatment, in the various institutions of the Metropolitan Asylum Board.

—Dr. Terry, of Utica, publishes in pamphlet form, a history of twelve cases of spinal irritation, treated with thermo-cautery. The results were entirely satisfactory.

—The Summer Meeting (thirty-second year) of the Medical Society of Northern New York, will be held at the Town Hall, Saratoga Springs, Wednesday, August 6th, 1884.

—Prof. Virchow has come out in favor of American pork. He declares that there is no danger in it, and that the shutting of it out from Germany is a political and not a sanitary measure.

—Dr. Louis Lewis, of Philadelphia, (*Med. Bulletin*) says that when *iodoform* and *oleate of zinc* are mixed in equal proportions, the intense and unpleasant odor of the former is almost entirely destroyed.

—A case is reported in which the Supreme Court held that when a doctor sold out his practice "in a city and its vicinity," all space was in cluded within ten miles of the city and its corporate limits.

—A complimentary dinner was given by the Faculty of the Boston University, June 5, to the graduating class, and to Dr. Richard Hughes, of England. Speeches were made by the Dean, Dr. Talbot, who presided, Gov. Robinson, Dr. Richard Hughes, and others.

—A bill creating a New York State Board of Pharmacy, and prescribing regulations for the practice of pharmacy in all the counties except New York, Kings and Erie, has been signed by the Governor.

—The will of the late Samuel W. Sweet, of Jamaica Plains, Mass., bequeaths 50,000 dollars to the Massachusetts General Hospital, and 20,000 dollars to the Medical Department of Harvard College.

—Dr. T. Gaillard Thomas divides the American women into two classes; one class comprising those women who desire above all things to become pregnant, and the other those who are anxious above all not to bear children.

—The ashes of Prof. S. D. Gross weighed 7 lbs. They were enclosed in a marble urn about three feet high, unornamented and without inscription, and placed beside the coffin of his late wife in the family vault at woodlawn cemetery.

—Dr. J. Feld, of Kansas City, reports that in six cases of adherent placenta he has saved the woman by pumping cold water through the umbillical cord. In one case the patient was in convulsion when the afterbirth came away.

—Dr. Taylor, Philadelphia, publishes as a supplement to the "*World*," a very excellent chart on the urine in disease, so arranged as to be very convenient for ready reference. The subscription to the *World* is one dollar, including the chart.

—Dr. H. E. Beebe, Secretary, reports that the Ohio State Society recently held a large and interesting meeting at Cleveland. Dr. R. B. Rush was elected President, and Dr. Beebe Secretary, for the ensuing year. The papers presented were said to be unusually attractive.

—A free home for destitute young girls is in active working order, under the management of well-known ladies, at 23 E. 11th st., where destitute girls under twenty-five years of age, of all religious denominations, and of good character, are received for a month free of charge, and places found for them in the country.

—Dr. J. F. Edwards, of Philadelphia, will commence in July, the publication of a series of monthly volumes, to be entitled, "The Annals of Hygiene." The price of each number, to contain 150 pp., will be fifty cents, or five dollars per year in advance. It is intended to make the work "a history of the world's progress in hygiene."

—It is said the smoke test is being used in England and Scotland with great satisfaction. It is applied by a small machine with powerful fanners, which blow the smoke of ignited cotton waste, saturated with oil, into the drainage system, and in due time the smoke issues from all defective points and imperfect traps, showing the leakage.

—M. Boucard says that one of the best means of being assured of the presence of subluxation of the foot backwards is by measuring the distance from the heel to the inner malleolus. This distance varies with the position of the foot. If the foot is in equinism the distance is a full centimetre less than with the foot at a right angle with the leg.

—Lawson Tait recommends the radical cure of all kinds of hernia by abdominal section. After reducing the hernia, he pares the edge of the hernial opening and sews it up, thus producing a radical cure. He thinks the future of the operation is certain. The cases he operates upon are those having ovarian disease, but he thinks that the same procedure is fitting for uncomplicated cases of hernia.

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